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ORIGINAL DEPARTMENT.

LECTURE.

THE TREATMENT OF EPILEPSY.

BY M. MAGNAN,

Physician to the St. Anne Asylum, at Paris.

GENTLEMEN:—In order to complete the course of clinical lectures on epilepsy, it will be necessary to consider the treatment appropriate to the malady.

It would be very interesting to follow the therapeutic history of epilepsy, but in the treatise of M. Delasiauve you will find an enumeration of the diverse methods of treatment successively employed. As these lessons are meant to be essentially practical, we will confine ourselves to the consideration of those methods which appear to-day to give the best results.

Jaccoud very judiciously recommends careful research regarding the causes which led to the development of the malady, so as to obtain thus the principal indications for treatment. Unfortunately these causal indications are often wanting, or exceedingly obscure. I can, however, cite one case where the primary cause of the malady furnished excellent indications for treatment.

The epileptic attacks, sometimes complete, sometimes incomplete, came on in this case subsequent to the cicatrization of a wound on the heel from the kick of a horse; the attacks were preceded by an aura commencing at the wound. The painful cicatrix situated over the calcaneum was carefully and completely removed by M. Trelat. Since then the duration of the attacks has been much shortened, and they have not

occurred so frequently, but have not completely disappeared. As the wound was received many years since, it is probable that section of the saphenous nerve would not have any favorable effect; in certain cases where surgical intervention has occurred soon after cicatrization, complete cure has been obtained.

Indications for treatment can often be drawn from the general condition and habits of the patient.

Anæmia and scrofula, for instance, which are so often found associated with epilepsy, should be energetically combated by remedies appropriate to these morbid conditions; if masturbation is practiced, or the patient constantly commits alcoholic or venereal excesses, every effort should be made to eradicate these bad habits.

Unhappily, however, the causal indications are wanting in most cases, and when they are recognized, it often happens that rational treatment is of no benefit, epilepsy being of such long date that it has become emancipated from its primary cause. In such cases it will be necessary to have recourse to the treatment which, up to the present, has given the best results.

As a general rule the bromides give the best results, and among the bromides, the potash salt seems to be most effectual. This salt was first used for epilepsy, in England, towards 1853, by Laycock and Wilks.

These physicians recommended it particularly in a form of epilepsy which seemed to be due to menstrual derangement.

Almost simultaneously, MM. Bazin, Hardy and Brown-Sequard experimented with it, and

somewhat later M. Germain-Sée studied its action in a number of cases, and drew the attention of practitioners toward it, in a lecture delivered at the Beaujon hospital. Since then the physicians at Bicêtre and at the Salpêtrière, Falret, Voison and Legrande du Saulle, who observed the malady on a grand scale, have rendered its use common.

Its efficacy in many cases is incontestable. "The bromide of potash, says Gubler, sometimes cures, often ameliorates, and hardly ever proves of injury, in this disease."

M. Germain Sée, in a clinical lecture at the Hotel-Dieu, in March, 1877, proclaimed the bromides as constituting the only efficacious treatment in epilepsy. He founded his assertion on fifteen years' experience, treating exclusively by this method 130 patients, 58 remaining more than three years under observation. For myself I have experimented with all the new medication lauded in the treatment of the convulsive neuroses, but I return always, in the end, to the bromic salts, which are, in reality, of great efficacy in epilepsy.

The bromides, and particularly the bromide of potash, still forms, then, the basis of treatment; but we must call special attention to the manner of administering them. They should always be administered in solution, experience having demonstrated that their ingestion in the solid state determines grave lesions of the digestive tube. The salt can be administered in almost any of the liquids in common use, in water, wine, milk or bouillon. I give it preferably in one of the aromatic or bitter infusions, with the addition of a small proportion of syrup of orange-peel; these substances slightly stimulate the stomach and aid in the absorption of the drug.

Bromide of potash should be given in doses of one and one half or two drachms daily, but in certain cases of exceptional gravity, either on account of excessive frequency of the attacks or the delirium which follows them, it is found necessary to largely increase the dose, and carry it as high as two and one-half, or even three drachms.

I order it always to be taken just before meals; it is thus better tolerated by the stomach, and the treatment can be longer continued without inconvenience. By administering the bromides methodically, the patient can be maintained constantly under the influence of the drug, each dose taken increasing the action of the preceding dose.

As Gubler recommends, it is better to suspend

from time to time the use of the drug, "in order to avoid the production of cumulative effects produced, not by the doses successively taken, but by a pharmaco-dynamic action of increasing pressure or tension" (sic).

When the attacks have completely disappeared, it will, nevertheless, be necessary to keep the system for months, or even years, under the influence of the drug. This may be effected without the constant administration of the medication, by giving it at sufficiently near intervals. This is the sole means of rendering the cure complete when it is possible, and of keeping the attacks within bounds when it is impossible to completely eradicate the disease.

The treatment must be continued for several years; but as soon as the attacks have become less frequent and less violent it will be well to suspend treatment for five or six days and then recommence, and continue giving the drug for fifteen or twenty days, and again allow another period of repose. I have remarked that by pursuing this course, the diverse functions momentarily troubled by the action of the bromides become reestablished more rapidly than if only one or two days of repose were allowed.

As you have observed in my hospital service, with the patients under constant surveillance, I am in the habit of giving much larger doses of the bromides than could be administered with safety in private practice, for under such conditions it is possible to speedily arrest any accidents due to bromism, if such supervene. The administration of large doses gives rapidly whatever good effects can be obtained from the medicament. Nevertheless, the dose should, as far as possible, be in proper proportion with the profession of the individual, and it should not be forgotten that those who lead a sedentary life have less tolerance for the medicament, and are most subject to the development of toxic symptoms.

I need not insist on the physiological and therapeutic action of the bromides. It must be remembered that some of these salts have an aphrodisiac action, but less energetic in this respect than has been generally believed.

These salts give to the breath a peculiar characteristic odor, and produce later, if their use be long continued, anesthesia of the pharynx, angina, an acnéiform eruption on the face and back, and sometimes on the lower limbs, veritable ecthymatous pustules, which leave deep ulcerations after them. In some cases, almost as soon as the medicament is given, derangement in the digestive organs

occurs (anorexia, epigastric pain), and intellectual dullness, with diminution of memory, general lassitude; later on, muscular feebleness, with syncopal tendencies, and even vertigo, occur. When these complications supervene, the administration of the medicament must be immediately interrupted, and tonics given for the time being.

In cases where bromide of potash does not prove successful, or where it is not tolerated by the stomach, Charcot and Brown-Séquard have for many years recommended the employment of the other bromides, the bromides of sodium or of ammonium, either singly or associated together, in doses of from $1\frac{1}{2}$ to 2 drachms. I have myself long experimented with the bromide of zinc, and in certain cases it proved successful.

M. Hublé, in a thesis written under the auspices and in the service of M. Bourneville, considering the constitutional conditions which should lead to the employment of one bromic salt in preference to others, gives the preference to bromide of arsenic, when the patient presents any marked predisposition to cutaneous disease.

Besides this, M. Charcot recommends cold douches during the period the medicament is administered, to augment the rapidity of absorption.

For the proof of this assertion, he refers to the experiment of Fleury, who remarked that the pupil became immediately dilated after the application of a belladonna suppository, when the cold douche was employed for a very short period, even a few seconds.

In some cases, no matter what may be the mode of administration, the bromides have no beneficial effect; it will then be necessary to fall back on other methods of treatment.

If the attacks are very mild, coming under the category of those cases to which the term "petit mal" has been applied, or if they consist simply in unconsciousness, lasting but a few seconds, Gubler recommends the extract of belladonna, already employed by Trousseau in similar cases, in doses of one-half to one grain per diem, or sulphate of atropia, in doses of one-fiftieth to one-tenth of a grain per diem.

You are aware, on the other hand, that Herpin has recommended very highly the zinc salts, which gave him good results in certain cases; we have recourse to them at present in cases where the bromides prove inefficacious. I myself employ the oxide of zinc, in doses of from five grains to forty five grains per diem; the valerianate of zinc, in doses of two to fifteen grains; the lactate, from two to thirty grains, associated

either with extract of valerian or conserve of roses.

Herpin also recommended the copper salts, but M. Bourneville, who has experimented with them methodically, has never observed any satisfactory results from their administration.

Finally, there is no need to add that these diverse forms of medication may be combined in several ways. One will often be surprised to observe cases which have not been benefited by any one of these medicaments taken singly, much ameliorated when two or more are simultaneously given.

The use of the bromides is followed, in the majority of cases, by a favorable result, even from the debut of treatment. But, after five or six months, it will be often found, to the surprise of the observer, that notwithstanding the continued use of the medicament, the attacks become again as frequent as before the commencement of treatment. It is at this time that a course of bathing and hydrotherapeutic applications will restore to the bromic salt its original efficacy, not only maintaining the amelioration obtained from it, but also rendering it more complete.

It is often necessary to administer tonics in connection with these medicaments, such as the soft extract of quinquina (Fr. cod.), the tincture of bark and cod-liver oil etc. The patients should use only aliments easy of digestion, and the evening meal should be light. This last recommendation is particularly applicable to patients who generally have their attacks at night.

Finally these patients, subject at any moment to lose consciousness, and always under the imminence of an attack, should receive special attention from those about them. They should be cautioned against mounting on chairs or ladders, against remaining too near collections of water or too near the fire; in a word, they should avoid all positions or occupations where a sudden loss of consciousness might prove dangerous. Very many accidents might be avoided by proper attention to such advice.

—A solicitor in England has obtained a verdict against a town for \$10,000, as compensation for personal injuries caused by drinking impure water supplied by the Corporation. The water in its passage through the service pipes had become so impregnated as to produce in the plaintiff's case every symptom of acute lead-poisoning. A point as to the liability of the Corporation was reserved.

COMMUNICATIONS.

A CASE OF STRANGULATED HERNIA OF THE VERMIFORM APPENDIX—OPERATION—RECOVERY.

REPORTED BY E. H. BENNET, M.D.,
Of Lubec, Me.

Samuel Campbell, aged 64; occupation joiner and painter; constitution and general health has been good; resident of Eastport, Me.

About three years ago he found a lump in the right groin, which attracted very little attention. He thinks it disappeared at times; was never painful. About eighteen months ago he had several attacks of slight pain across the lower part of the abdomen, which he supposed to be colic or some trouble with his water.

On February 9th, 1881, about noon, he was seized with violent pain in the hypogastric region. He supposed this to be similar to the previous attacks, differing only in severity. Had no suspicion that there was any connection between the pain and the swelling in the groin. He continued to suffer for about two hours, when he sent for his family physician, Dr. L. P. Babb.

When search was made for the cause of the pain, a lump the size of a hen's egg was found in the right crural region. It was not painful nor tender to the touch, and felt like an enlarged gland. Supposing it might be a case of rupture, attempts were made to reduce it, with negative results. Morphine sulphatis, gr. j, atropine sulphatis, gr. $\frac{1}{10}$, was given hypodermically and followed by relief. The patient remained comfortable until the next morning, when the opiate was repeated, with a similar effect. Large enemata had been used, but failed to produce any action of the bowels. Physic was now ordered, but only followed by a return of the pain, when vomiting supervened.

During the evening of the 10th patient got easier and the tumor now had a softer feel, but up to this time it had presented all the characteristics of an enlarged gland.

Dr. H. B. Knowles, of Calais, being telegraphed for during the day, arrived at 11 o'clock, P. M. After examining the case he considered the diagnosis uncertain. The patient being free from pain and not vomiting, it was thought best to wait and in the meantime endeavor to act on the bowels by mild cathartics. Dr. Knowles also endeavored to reduce the enlargement, but without avail. The laxatives given acted as before, i. e. by causing a return of the pain and vomiting. During the day (11th) the vomiting

became stercoraceous, when it was decided to operate and give the patient the benefit of the doubt.

The reason why surgical interference had not been resorted to sooner was, because the attending surgeons found it difficult to convince themselves that the tumor really contained either strangulated intestine or omentum. The feel of the tumor was everything but convincing, and it was quite rational to suppose that some internal obstruction was the true cause of the serious symptoms which presented themselves. When it was decided to operate Dr. Wood and the writer were called to assist, it being done at 2 P. M. on the 12th. During the morning the patient had vomited a large quantity of matter which had a decidedly fecal odor, and evidently contained fecal matter. No nourishment had been retained for some time; was considerable exhaustion, a haggard countenance, feeble pulse and cool extremities. As far as possible, antiseptic precautions were observed. When the strangulated portion was reached it was found to be gangrenous, and neither intestine nor omentum, but the free end of the appendix vermiformis.

The stricture was readily relieved; when, if permitted, the whole would have readily passed back into the abdominal cavity. The appendix occupied the femoral canal. Gimbernat's ligament could be felt to the inside; the femoral vessels to the outside, and Poupart's ligament in front.

The blackened tissues extended back about two inches and a half, behind which they were apparently healthy. A silk, carbolized ligature was tied around the appendix, above the diseased tissues, and the gangrenous portion removed.

The ligature was allowed to protrude through the wound, which was closed by interrupted sutures.

After recovering from the anæsthetic, the patient vomited a large quantity of extremely offensive matter; this proved to be the last of the vomiting.

Nothing worthy of special note happened during the after-treatment. An occasional enema kept the bowels in good condition. Tonics and stimulants were used throughout.

At the end of four weeks the wound had healed.

After the third month the patient resumed his work as painter (in-doors), and during the following summer worked on the outside of buildings, standing for hours on a ladder, and show-

ing his usual vigor. At the time of this writing he is enjoying good health; no return of the old trouble.

CENTRAL AMERICAN MEDICAL CURIOSITIES.

Collected for the MEDICAL AND SURGICAL REPORTER

BY FRED. C. VALENTINE, M.D.

I propose to offer the readers of the MEDICAL AND SURGICAL REPORTER a collection of curiosities, I may call them, as collected among the more intelligent people, and even frequently employed by physicians in the treatment of diseases. In justice to my Central American colleagues, I must premise that the best educated among them employ some of the ridiculous means I shall detail, only to yield to popular prejudice, and it is remarkable how a physician can raise himself in popular esteem by a case which improves, partly as a result, or perhaps better, notwithstanding, the ridiculous medication which the ignorant friends of the patient prescribe, and to the employment of which the medical attendant consents.

But apart from their consideration as mere curiosities, the reader will find some ethnological facts which seem to show that a number of recent discoveries in civilized materia medica are of very ancient employment in Central America. In the following recital I shall, of course, omit all discussion and criticism, except in instances where they are particularly requisite to show the line of thought which gives an alleged indication for a certain medicament or line of treatment.

Inasmuch as a sort of empiricism seems to guide the whole matter, no system is claimed, no do I make any attempt at classification, but shall simply recount whatever my notes and memory furnish.

Thus bees are used: Eighty to a hundred live bees are thrown into a pint of hot water, and half an hour later the liquid is strained through a cloth and administered in teaspoonful doses every two or three hours, to promote diuresis. It is claimed that this infusion will cure retention of urine as well, suggesting in both instances the use of *apis mellifica* by the Hahnemannian followers.

Externally, bees are also used, by toasting and powdering them. The powder is mixed with an equal quantity of lard, and smeared on bald heads, to arrest and cure alopecia.

Bran is frequently packed into and upon slight wounds, to arrest hemorrhage. For cosmetic purposes a paste is made of it and

allowed to ferment. When a sufficient degree of nastiness in flavor has been acquired to make an editorial paste-pot a desirable substitute, it is smeared upon the dark one's face (for in a majority of instances the fair one requires no such aid) under the presumption that it will soften the skin and blanch it.

A weak infusion of bran is largely employed in catarrhal affections of the respiratory and digestive mucous membranes.

Annotta is used as a tonic and an anti-dysenteric. The reddish paste is smeared on the skin as a prophylactic against the bites of mosquitoes and gnats.

Water has a limited application in disease. Sulphurous waters are used in chronic rheumatism and in skin diseases, and inveterate metrorrhagias are treated with three glasses of this water daily.

In epistaxis, cloths dipped in cold water are applied to the forehead and scrotum, and in post-partum hemorrhages to the loins, sacrum and abdomen.

A jet of water persistently thrown upon the head is recommended for that vague affection called *gota serena*, which may mean leucoma, pannus, and all forms of cataract.

Baths have their special indications; cold ones are recommended to young persons, warm baths to women, and hot baths to old people and those called melancholics.

Very cold baths of long continuation, are recommended twice a day for insanity, especially monomania.

Cold baths are prescribed for insomnia, involuntary emissions of semen, benign blennorrhœas and incontinence of urine.

The baths are limited, except in insanity, as follows: Cold baths should not exceed six minutes, and the hot bath should not be prolonged over seven, while the warm bath should not be enjoyed for over an hour. The last has many advantages claimed for it in inflammatory affections of the eyes, and of the abdominal viscera, in jaundice, in nervous affections and to facilitate childbirth.

Vapor baths are strongly recommended as a prophylactic and a positive remedy against rabies canina, which affection I have often heard spoken of, but never have witnessed in Central America. The dogs which I have seen killed for this affection were ill with ordinary convulsions. One of my patients, who was bitten by a presumed mad dog three years ago, is alive and well to-day, and I prevailed upon her not to have the dog killed. He died nineteen days

later, of convulsions. (I do not make this statement from any desire to appear humorous.)

With my friend Dr. L. L. Dorr, of San Francisco, who wrote on the question of rabies in the *New York Medical Journal*, I do not believe that real rabies has ever been observed on the Pacific coast.

Sea water as a beverage is recommended as a purge, when nothing more unsavory is at hand, and is said to be efficacious in chronic hepatitis, in jaundice and adenitis.

Sea baths are prescribed in rachitis and scrofulous affections, in chlorosis, chronic cystitis, sterility, in amenorrhœa and dysmenorrhœa, in cephalalgia, in chorea, and some forms of rheumatism.

Bathing in rivers which run from east to west is deprecated, and all baths are to be used but sparingly, or not at all, by convalescents, those predisposed to intermittents, and those suffering from pulmonary affections.

The alligator pear (*Laurus persea*, Spanish aguacate or agualate, in Peru, palta), which makes a most delicious salad, and by some is called vegetable butter, is accused by our Central American unprofessional colleagues, as being an innocent aphrodisiac, for those who enjoy good digestion.

The leaves of this plant are pulverized after being dried in the sun, and used in the following combination in dysmenorrhœa and sterility: Powdered aguacate leaves, fine iron filings, saffron and aloes, forty-eight grains each. These are well triturated together and mucilage of gum arabic is added. The resultant mass is divided into forty-eight pills, of which six or eight are taken per diem.

Aguardiente, distilled sugar-cane juice, is considered a carminative and stimulant to digestion. In extreme debility, from any cause, in cholera morbus and poisoning by arsenic, it is used. It is added to the many herb infusions which are prescribed as sudorifics.

Splenitis is treated by two tablespoonfuls of aguardiente with a pinch of salt, before the first morning meal; sufferers from drunkard's liver, however, add nothing to their aguardiente, and take it without reference to time or quantity, or any other consideration except a financial one.

A would-be authority on medicine says, in all earnestness: (I translate literally), "According to Mr. Richard, an injection (*we suppose into the urethra*, because the author does not say where) of half a tablespoonful of aguardiente efficaciously cures swelling of the scrotum, called hydrocele." I am glad to say that this treatment has never been employed to my knowledge,

and I feel confident that I am not alone in my sympathy with patients who may have been induced to inject this spirit, by all who know that it rarely is under 40 proof. Old women, whose villainy is in proportion to their ugliness, insist upon curing all affections of the eyes in children by instilling aguardiente between the lids, upon the conjunctiva. A wretch ruined a case of scrofulous iritis for me in this manner, and the poor child, for all its life, will have to regret its great aunt's brutality, by wearing an artificial eye.

"Adlocucion," which I have not been able to find in any dictionary or other work at my command, is a treatment consisting in having a man in health pass the palm of his hand several times over a diseased part, at half an inch distance, blowing upon it between each "pass." This is considered very efficacious in erysipelas.

Garlic, mixed with flour, is used as a sinapism, and mashed alone, as a vesicatory. One or two cloves of garlic are skinned, and swallowed whole, to cure hiccough.

For mental derangements, garlic is boiled upon hot ashes or embers, and mixed with cow's tallow, one part of the former to two of the latter; this ointment is spread upon cloths cut the shape of insoles of shoes, and is sprinkled with a powder made of the outer shell of a native black pepper. The plasters thus prepared are applied to the patient's soles. I doubt whether physicians anywhere would recommend this treatment, even for malingersers.

The natives claim that if garlic is rubbed upon a loadstone it will lose its magnetic power.

Basil (*ocimum basilicum*) is used as a diuretic, emmenagogue and carminative. A quarter to half an ounce of the leaves are steeped in two pounds of boiling water, and taken ad libitum.

The tomentose wool of the cotton seeds, carded, is placed thickly upon recent burns, and the seeds are ground up with sugar, to make an ointment, which certainly is a pleasant expectorant.

It is due to the Central Americans that I say that during the more than five years that I lived and traveled in their country I have never known the cotton root used to produce abortion, nor, in fact, any other drug. I regret to state that the only cases of feticide have been among foreigners; of what nationality I will not reveal.

Lavender (*Lavandula Spica* L.) is considered valuable in paralysis, epilepsy and rheumatism, in half drachm doses of the powder. Indolent glandular tumors are treated with an ointment, made of one part of the powder to two of suet, which is spread upon a cloth, heavily sprinkled

with the powder, and then applied to the swelling.

A strong infusion of the bark of the almond tree is recommended in all kinds of intestinal worms.

Starch is used as a drink and injection in dysentery and diarrhoea. "Centipede's walk," i. e. the site of the introduction of the poison-claw of this insect into the skin, is treated by the application of a thin paste of starch and vinegar.

Starch is presumed to increase the action of tartar emetic, and is given as follows: Tartar emetic, one grain; starch, one-half scruple (12 grains Spanish Pharmacopœia), and sugar, one drachm (72 grains Sp. Ph.), well triturated and divided into 4 powders, of which one is given every fifteen minutes, in any drink.

Spider-web has been used, from time immemorial, as an antiperiodic, but is especially recommended in the quartan form. That of the small black spider, which builds its web funnel-shaped, within the holes in walls, is preferred. It is also claimed that it will cure the nervous symptoms in pernicious fevers. It is rolled into pills without an adjuvant and given from 20 to 25 grains daily.

Rice boiled in water or milk is used as a poultice on local inflammations. Rice water is claimed to whiten the skin. Continued use of rice as an article of diet is presumed to cause ocular inflammation, and (homœopathically?) is recommended in hordeoli.

The *artemisia vulgaris* has a reputation as a stimulator and promoter of menstruation, as a vermicide and as a remedy for epilepsy. A handful of the leaves are fastened to the loins by those who make long journeys afoot, to prevent exhaustion. Of course, *artemisia* is used, as is nearly every other remedy in this list, for rheumatism.

Sulphur is used as a purge, in "scrofula," in asthma, in affections of the bladder, in diseases of the skin, etc., etc. It is said to be particularly efficacious for spasms of the muscles of the legs, and for these is worn in little bags, tied to the inguinal region.

The egg-plant, boiled and mashed, is applied as a poultice, hot, to inflamed hemorrhoids.

The intestines of recently killed animals are wrapped around paralyzed parts, and I have seen patients placed as far as possible within the thorax and abdomen of an ox which was in the throes of death.

Crabs, rabbits and hares, which "ever have their eyes open," must rest sometime, perhaps after death;" but when made into soups are said to

kindly communicate their much needed sleep to the partaker. Consequently they are prescribed in insomnia. Crab soup is also recommended in leprosy and phthisis.

Cordoncillo, a creeper which I do not know whether it has been classified or not, is prescribed for elephantiasis. Those who recommend poultices of the bruised leaves for this disease, claim that elephantiasis is a result of frequent attacks of erysipelas. This pathological view may have deterred me from investigating the matter more closely.

Those persons who are classified as "of sterling worth," because one cannot say anything else favorable of them, and "melancholics," are advised not to use cocoa in any form, as it is believed to be harmful to them under any circumstances. Others may take it boiled in milk or water, at all times, as it is very nutritious. It prolongs life more than any other aliment, and gives even to the skins of old people a certain freshness and a "lustful appearance."

Cocoa butter is nutritious and "sweetening" (antacid?) Pyroses which are caused by ulcerations are cured by a drachm of cocoa butter, taken three times a day, in hot water. This information was given me by a most intelligent person—not an M.D.

Coffee enjoys a reputation of possessing antiperiodic properties. For this purpose the following potion is prepared: Three-quarters of an ounce of the powdered toasted beans are boiled in four ounces of water, until reduced one-half. The aqueous tincture is strained and two ounces of lime juice is added to it. This draught is taken in the morning, two hours before the first meal.

Lime.—Lime-water is prepared by slaking one ounce in a pound of water, and shaking well. The water is poured from the sediment and a second water added. The supernatant liquor is "remedial." It is recommended as a positive cure in diabetes, which disease is recognized by the fact that bees, flies and other insects seek the urine. In these cases, four to six table-spoonfuls are given daily. In diarrhoeas it is mixed with infusion of rhubarb root. "When children are dying of debility it returns them to life." In sciatica, lime, in powder, one part, is mixed with two parts of honey and applied along the painful region.

Sugar-cane root is recommended as a diuretic and sudorific. One ounce of the root is boiled in four pounds of water until reduced one-half, and all is taken during the day; in addition to which the patient drinks a large quantity of

water, about eight ounces every hour, and if he does not urinate and perspire freely, it is "because something serious ails him."

Barley water, with sugar and lime juice, is extensively used in catarrhs of all the mucous membranes. In coughs, equal parts of barley, marshmallow root, and elder bark are boiled together and strained. While hot, sugar and the yolk of an egg are added, and the dose is taken upon retiring.

"Raw onions, eaten, render the breath unsavory, irritate the stomach, and excite immoderate desires. Therefore, they are not used by persons of a good education."

Indolent tumors are treated by poultices composed as follows: Onions roasted upon hot ashes, ground mustard and common soap, equal parts, are mixed with a sufficiency of water, and the mass is boiled until of cataplasm consistency.

(To be Continued.)

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL. A CLINICAL CONFERENCE.

BY JOHN M. KEATING, M.D.

Reported by W. A. EDWARDS, M.D., Assistant Pathologist to the Hospital.

The Syphilitic Diathesis.

GENTLEMEN:—I have several cases to show you this afternoon, which illustrate well a subject most interesting and important.

Let us study these cases separately:—

This woman, aged 25, a splendid specimen of health and youth, carries in her arms her baby, aged six months, which, as you see, unfortunately, bears the marks of an inherited diathesis.

The woman tells us that her first child, a boy, died when four months of age; it was born with snuffles, which persisted until death, the infant dying of cholera morbus.

This baby that she carries to-day, Mary M., was born with *snuffles*, and, as you perceive, still has them. You will also notice that it has an occasional dry, hacking cough; in an adult we would interpret this as syphilitic laryngitis. The child was vaccinated when four months of age, with bovine virus; a month afterward it suffered from a violent attack of varicella, the pustules leaving, as you see, marked pits all over the child's body, especially over the spine. Ten weeks ago this small tumor, about the size of a silver twenty-five cent piece, appeared on the right labia. You notice that it is painless, although at first it was attended by slight tenderness; in its earlier stages it was freely movable, now it has become attached to the surrounding tissues. It has a peculiar tint and shows no tendency to pointing, as an abscess of this size would. Upon palpation it gives to the finger a sensation of firmness, and also retains its shape under pressure, the purplish tint, however, disappearing. It possesses neither the elasticity of a fatty tumor nor the

firmness of a scirrhus. We also observe, surrounding it, a tubercular infiltration, round, or perhaps oval, slightly elevated, of a deep coppery-red color, and around it is a well-marked hyperæmic areola. All these points, taken in connection with the snuffles and cough, give us a clear history of congenital syphilis; the small tumor is the gummous syphilide or gummous tumor.

We notice a large gumma over the left trochanter, which exudes a thin, ichorous pus; here the lesion has gone on to ulceration, and presents the gummous ulcer; these ulcers, when they first form, are deep and sharply cut, they extend in all directions, until they form this typical ulcer, with its rounded outline and punched-out appearance; the floor is uneven and bathed with sanious, fetid pus; its edges are thickened and surrounded by an areola of hyperæmia. To the left of the occipital protuberance another characteristic tumor is seen. On the back, about the twelfth rib, you may notice two typical growths; one of them has opened spontaneously, like a furuncle, by a single aperture.

You note that this child is remarkably well nourished; it has never had a day's illness since birth; in fact, until varicella brought with it some change, or, at least, modifications of the typical eruptions, which were suspicious, there was no spot or blemish which betokened an inheritance of this kind. The mother volunteers that the child was born with a cold; but that this passed off without treatment. She also says that her other child was "born with a cold." Was this syphilitic coryza? I would call your special attention to the fact that the conditions present in the case are simply as you see it; there is no malnutrition; no lesions of the viscera, as far as we can tell, no diarrhoea, and no evidence of bone involvement.

We think that this very late appearance of the syphilitic diathesis is due, in all probability, to the inheritance of a very small dose, and my friend, Dr. Arthur Van Harlingen, who has studied the case with me, and to whom I am indebted for the grounds upon which I base the positiveness of my diagnosis, assures me that this patient affords a marked example, both in the character of the lesions and want of nutritive disturbances, of late manifestations, owing to mild infections. But let us turn to this other child, and study the contrast.

This little patient, baby D., aged fifteen months, was born in the house, but was taken out when about two months of age.

The resident accoucheur tells me that the child was born with a purulent ophthalmia and snuffles. We know nothing more of the infant until it was returned to us a few days ago, in its present condition, which, as you can see, is horrible in the extreme.

The little mite presents three well-marked condylomata around the anus; that is to say, just where the mucus joins the cutaneous surface, which, as you know, is a favorite seat for these manifestations. Around the mouth you see those fissures and cracks that are such a frequent accompaniment of this diathesis in infants.

Just over the left ear we notice three large, purulent blebs; each one is nearly as large as your finger nail.

The picture which this infant presents is horrible in all its details. You notice the emaciation, the skin merely covering the bones. The staring eyes, looking like an animated skeleton, the turgid veins, with all their tortuosities apparent, lying directly upon the skeleton, and covered only by the thin layer of skin, from which all the subcutaneous fat has disappeared. The abdomen is finely reticulated with a venous network, which gives the child a mottled-purple hue, but upon close examination you feel the skin parched and leathery, with brown, or rather, bronzed splotches of pigmentation. This peculiarity is noticed also upon the face, on the head, and in the folds of the groin. It alone is characteristic of this affection. Let us examine the mouth. You find the mucous membrane parched, with no secretions; the tongue is coated with a dirty fur, and patches, curd-like, are adherent to the whole mucous surface. These fungi, that you will find this to be, with your microscope, are pathognomonic only of low vitality or typhoid state. They thrive in conditions of low grade, and are *post hoc* and not *propter hoc*, in relation to the disease. You will note that the angles of the mouth have a few mucous papillae; they are to be taken into consideration as evidence for your diagnosis; but most important still, is the fissured condition of the angles of the mouth, a dry, scaly fissure, with a bronzed tint, a condition which remains permanent for a long time after the other symptoms have succumbed to treatment. Let us examine the child yet more closely. You will notice these patches about the anus; they are papular, with a grayish centre, beneath which is an excavated pit, with sharp, jagged edges. You notice also this growth, hemorrhoidal in appearance, which is a condyloma, a true sign of congenital syphilis.

Now, gentlemen, let me warn you, these cases are infecting; they may have been the result of inheritance or they may themselves have resulted from infection, from contact with the mother's parts. As far as we can tell, this child has no special organic lesion which is killing it; it is gradually wasting, drying up, as it were, from a blight which is radical in its activity, affecting the nutritive processes *primarily*; supplying diseased blood and elaborating diseased fluid to digest the assimilated food. Whatever it takes, passes off undigested. The circulation is weak, and it has a short, dry, hacking cough, which is probably caused by the accumulation of bronchial and laryngeal secretion, which its debility fails to permit it to expectorate.

Fortunately, most of the children so diseased die in spite of treatment, notwithstanding the philanthropic attempts of those ultra-charitable folks, who, ignorant of the stains of wickedness, cry out in favor of an attempt to vivify the diseased germ. Fortunately, a kind Providence so ordains it that these children all die; those whose syphilitic manifestations develop soon after birth; the mortality being in proportion to the rapidity with which these symptoms show themselves. When the infection is slight and the lesions are late in development, treatment is important and valuable.

Our little patient has just died, and if you will follow me to the post-mortem room, we can there witness the pathological changes which have taken place.

Post-mortem.—Examination three hours after death. Subject is much emaciated and unusually small for its age. Head is rather small and typically quadrangular. Adipose tissue in all parts of the body is much wasted. Skin is extremely thin. At the junction of the cartilages with the ribs we notice a thickened or nodular appearance, that reminds one of a rachitic subject.

Lungs. These organs are studded with nodes and cheesy masses; these are also deposited in the parenchyma of the lungs. These masses resemble tubercle in their appearance and arrangement, but they are undoubtedly syphilitic in their origin. Numerous gummata are seen on the parietal surface of the pleura; some of these are as large as grains of corn, causing this very rough or ragged feeling that you note.

The peritoneum is also covered with these syphilitic granulations; the liver shows them in the parenchyma and scattered over its capsule in great numbers. The spleen and its capsule have not escaped the invasion of the disease. The mesenteric and lymphatic glands are enlarged, infiltrated and hyperæmic. Pancreas is found to be indurated, as are also the thymus and thyroid glands. Heart normal, containing no clots, the pericardium covered with granulations. Kidneys and suprarenal capsules are normal.

Let me show you another example of syphilitic eruption in this babe. This child, Baby O., age five and a half months, was born in the house; you have seen it before, and you may remember its appearance when it was presented to us suffering from varicella.

Although the mother was treated for rupia before its birth, you will remember the child exhibited no symptoms of sufficient importance to attract attention, with the exception of snuffles, until it was vaccinated with bovine virus.

You will note, to day, an eruption, looking like eczema, upon the angles of the mouth, extending over the chin, and spreading from that point to a position just opposite the larynx. Is this eczema? I may say that it is not; it is not at this point that eczema appears, as a rule, and when it does so it is usually moist, whereas this eruption is dry, with a scaly surface. That child sitting opposite, with rosy cheeks, has eczema. If you approach it you will see that the redness of the cheeks is due to an eruption which is dry and scaly. It is a bright scarlet eruption upon a child otherwise with every appearance of good health.

Baby O. has this eruption also upon the back of its head; it is, at a distance, of a bronze hue; there are also pimples or boils upon the occiput, with loss of hair, or alopecia.

Syphilitic eruptions are frequently noticed upon the occiput; probably the heat and rubbing of the parts upon the pillow cause irritation. This baby is anything but a thriving child; its skin is dry and dirty looking, due to pigmentation; it has in the folds of the eyelid and in the groin patches of this peculiar eruption, and I am sure, from its general appearance, you will see enough

evidence at a glance to prove to you that it is not a simple eczema due to gastric disorder or strumous diathesis.

You will frequently have to make your diagnosis from what you observe in these cases, as a history of inheritance is most difficult to obtain. At times corroborative evidence will accumulate from the queries you have instituted after many visits, such as previous miscarriages, rheumatic pains, sore throat, or alopecia in the mother, or unsteadiness of habit in the father. You must be guarded in the expression of your views, but at the same time act energetically in your treatment, if you think you have sufficient evidence of your diagnosis, notwithstanding the most emphatic denials of the parents. We have seen her children, Baby D. and Baby O., break out with the primary manifestations when four months of age, after vaccination with *bovine virus*; a circumstance that might stagger a physician in private practice, after using what he knew to be uncontaminated humanized lymph.

Apart, then, from all history from its parents, you may recognize an infected baby, first, by the snuffles or "cold in the head" at birth. This is not a transitory coryza, but a protracted chronic ozena, from the onset. If this child be extremely syphilitic, the other evidences may rapidly follow—roseola, the condylomata at the anus, the symmetrical, impetiginous or eczematous eruptions on the buttocks, perhaps with papules, some of which will undergo ulceration, with red, fiery edges covered with gray secretion, the whole having a copper-colored tint.

The child's nutrition is impaired, its skin is harsh, its circulation is poor. At times the finger nails show cracks at their matrices, or dactylitis may develop. The only bone lesion that you will usually note is the want of closure of the fontanelles, though at times cases will present themselves with joint lesions.

Pemphigus upon the palmar or plantar surfaces may be noted at birth or shortly after.

But in those cases which develop late, faulty inheritance may not show itself; the child may be, to all appearances, robust for some months after birth, as in Baby M.

The mucous membranes should always be carefully examined, for fissures at the mucocutaneous attachments, at the angles of the mouth, or mucous folds; these are pathognomonic.

As to the *treatment* in these cases, I generally place the mother on anti specific treatment, if the infant still receives her milk; in this way sufficient of the drugs will be absorbed to produce speedy amelioration of the symptoms. When the little patient has been weaned we order it small doses of iodide of potassium and mercury, in the meanwhile watching our patient carefully, in order that the first mentioned drug may not produce irritation of the gastro-intestinal tract; in a short time the system will tolerate these drugs, when we may cautiously increase the dose.

The local manifestations require the same treatment as similar lesions would receive in an adult.

The prognosis, as a rule, is good, where treatment is instituted early, and we can assure the parents of a favorable termination except in those unfortunate cases in which the inherited poison has been overwhelming in severity, as we saw in the case of Baby D.

Pulmonary Atelectasis.

Let us study the history of the post-mortem specimens before us.

At our last meeting we examined baby E., whose short history was given us by Dr. Charles W. Kollock, resident physician.

The age was supposed to be one or two months. It was a "foundling," picked up in the street, and consequently we judge that it has passed through all the trials incident to exposure, deficient nourishment, and bad treatment.

The history of its complaint was rather uncertain; there was nothing very definite about it to attract attention, except debility and a slight cough. The cough was accompanied by some rapid and inefficient breathing; fine mucous râles were heard throughout the lungs.

You may remember a feeble infant in this ward, an eight months' fetus, in fact, prematurely born, as its mother was dying from phthisis, which we studied together a few weeks ago. This child presented all the symptoms and physical signs of pulmonary atelectasis. It died in a few days, and no post mortem was obtained. I call your attention to the similarity of these signs in these two cases. In the case before us, the right apex posteriorly showed dullness on percussion; extending to the lower portion of the scapula, and then separated from complete liver dullness, by a line of marked tympanitic resonance. At the apex, the dull note amounts to absolute flatness; and this was noticeable upon the other side, though not to so marked a degree. By placing the broad hand across the back, and noting the respiratory and vocal fremitus, we remarked the absence of a distinct vibration, which would be diagnostic of the consolidation from any form of pneumonia.

The auscultatory signs failed to show tubular breathing; a feeble respiratory sound was heard, gradually increasing, and accompanied by mucous râles, as we descended.

There was no fever; there was feeble, shallow respiration; there was, seemingly, no pain.

At the time of the examination I called your attention to the general feebleness of the child, its rapid and very weak pulse, and also the fact of the insufficient aeration, which, no doubt, failed to show itself by venous engorgement, as the child was a negro; still, the mucous membranes were darker than normal.

We have seen several cases of plastic pleurisy in infants, and verified our diagnosis in the post-mortem room. You noticed that it was a condition usually secondary, also that it occupied the pleura, especially that of the back, throughout its extent, and was not limited to the apices alone.

We found it occurring with measles and pneumonia, and in one case, with extensive tubercular disease, affecting not only the lungs, but also the serous membranes of the brain.

We then concluded that our little patient was

suffering from pulmonary collapse, and it was placed upon the following treatment: A hop poultice was ordered to envelop the whole chest, and quinia sulph., gr. ss, in suppository, twice daily. For the cough I ordered syrup of ipecac in liq. pot. citrat. Whisky, f3ss, in milk, was given in divided doses during the day. As the bowels were loose and the evacuations greenish in appearance, I ordered pulv. rhei, gr. ½, sod. bicarb., gr. j.

Three days afterwards I was sent for, and found the little patient breathing very quickly, respirations shallow, face twitching, eyes alternately fixed and rolling. I noticed that the skin was excessively hot, the thermometer in the axilla registered 107½°. I immediately ordered the child to be placed in a bath of 100°, which reduced the temperature to 104½°; cold cloths were also applied to the head.

After this the child appeared to be somewhat relieved; at intervals the mouth and eyes would twitch slightly, no regular convulsion, however, taking place. The muscles of deglutition seemed to be paralyzed, as it could not swallow. It continued in this condition for two hours or more, when the temperature again began to rise, and the bath was repeated. Death occurred about an hour later.

The post-mortem revealed the following conditions: Brain was intensely congested, but no effusion was seen. Lungs: collapse, or atelectasis at the right apex and left base. No consolidation. The remainder of the lungs were strictly normal. Larynx and trachea slightly congested. Heart normal; a clot was seen in the right and left ventricles. The pericardium contained an effusion of a light straw-colored fluid, about one fluid ounce. Liver slightly fatty; spleen normal; kidneys normal; intestines normal.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, September 7th, 1882. Vice President J. Solis Cohen in the chair.

Case of Carcinoma Mammae,

presented by Dr. C. B. Nancrede, for Dr. Chas. Wirgman.

Mrs. Josephine M., æt. 48 years, married at 23, the mother of three children, the last born sixteen years ago. Had nursed all her children, but the last died from marasmus, owing to the small amount of milk the mother had all through lactation. Lactation was free after the first two confinements. She never had had any abscess of breast, traumatism, or eczema of the nipples, although she had always experienced pain and uneasiness in the right breast when nursing. There was no trace of carcinoma in family history. A sister had had enchondroma of one of the metacarpal bones. When young the patient had suffered from dyspepsia, and on one occasion had had an attack of hæmoptysis. Of late years Mrs. M. has grown very stout, although never robust nor strong. About the middle of June, 1882, she first noticed a lump in her right breast, at its

upper inner quadrant, about the size of a hen's egg. A few nights previously she had been awakened by a severe, lancinating pain in the right breast, but experienced no further inconvenience. She paid no attention to it. The mass did not seem to grow till handled; an exploring needle had been inserted, when the growth became softer, much larger, painful, and the skin and super-adjacent veins rapidly showed marked changes. I saw her, August 6th, 1882, with Drs. Wirgman and Hearn, when the only additional points to be noted were that the growth was freely movable, with the breast, upon the chest walls, and that a mass the size of a pigeon's egg could be felt in the axilla, under the outer margin of the pectoralis major muscle. Dr. Wirgman removed the whole breast, by two semicircular incisions, opened up the axilla, and removed all the glands up to the clavicle. This operation again emphasizes what Dr. S. W. Gross has specially insisted upon, viz., that although the axillary glands may appear, before operation, uninvolved, when the axilla is opened, numbers are often found enlarged. This accords with my own repeated experience. Although slow in healing, the case has done well since operation.

This case presents special points of interest, which I shall now dilate upon. In the first place, its history and appearance were eminently suggestive of a rapidly forming sarcoma, which was either cystic, or what at once suggested itself to me before etherization, one into whose substance hemorrhage had occurred. Upon careful examination under ether, the discovery of the enlarged gland at once suggested the strong improbability of sarcoma, which view I abandoned. After the removal, the microscopic appearances once more threw doubt on the diagnosis, as there was, for at least one-half, if not more, of the circumference of the growth, a distinct appearance of a capsule, and, as I had surmised, the tumor had been broken down by a hemorrhage into its substance. Subjected to microscopic examination, the specimen was again puzzling, since sections of the first piece, embedded, showed in every portion of their extent, with a very few slight exceptions, small spindle-cells, of a connective tissue type. Dissatisfied, I embedded a second piece, sections of which revealed a typical carcinoma, of the soft variety. This again illustrates what I have many times insisted upon in this Society, viz., that either very large sections of growths should be made, as Dr. Seiler advocates, or sections from several and varied portions of the morbid mass should always be carefully examined. Dr. Tyson said that the presence of a capsule seemed to be clearly demonstrated.

Recurring Carcinoma of Mamma and Axillary Glands.

Presented by Dr. C. B. Nancrede.

The patient, Mrs. F., æt. 37 years, from whom the specimens were removed, before the discovery of the primary tumor, about 18 months back was in perfect health, although, from pecuniary losses, she had undergone much mental anxiety since the Chicago fire. Hearing a vivid account from a friend, of another case of carcinoma mamma, her mind became deeply impressed, and shortly after she discovered a growth in the

upper inner quadrant of the left breast, which continued to grow until it had attained, at the time of the first operation, to the bulk of a small orange, viz: one year after her first discovering it. She lost much flesh from the time of the discovery of the growth; she had never suffered from any form of traumatism, had had no eczema of the nipple, and although she had borne one child a number of years back, and had suckled it, had never had sore nipples. There was nothing that could be fairly construed as a hereditary history of carcinoma. The primary operation had consisted in a removal of part of the breast. In less than two months after this a small nodule appeared in the cicatrix, while the axillary glands began to enlarge rapidly. On July 8th, 1882, I saw her, in consultation with Drs. R. R. Taylor and Harlow, when I found that there was a small nodule in the middle of the original cicatrix, while the axilla was occupied by the mass of indurated glands which I here present. The growth partially embraced the axillary artery, since, when the former was compressed, the radial pulse was decidedly affected. Not being allowed to remove the whole breast, I freely excised the small recurrent growth, and after a tedious dissection, removed the axillary tumor, laying bare the artery and vein for a space of over an inch, clearing everything out to the clavicle, and distinctly recognizing the coracoid process of the scapula. Although not the place for a clinical discussion, I cannot refrain from emphasizing the importance of the thoroughness with which this axillary dissection should be performed. Not a single gland should be left, enlarged or not. Properly conducted there is hardly any hemorrhage, a vessel rarely requiring ligation. This case was treated on the Listerian principles, but with a spray of acetate of alumina, and the wound was dressed with the same. There was no inflammation, heat, pain, nor subsequent induration, and if I remember rightly, the case required but five dressings, until the wound became superficial, and fewer would have been necessary had perfect coaptation been secured. One or two points where stitches made marked tension, showed a surrounding skin flush, which disappeared on the removal of the stitch; immediately contiguous to this the wound edge looked as if made but a few minutes before, thus showing that the irritation of tension was the trouble, which, as before said, very rapidly disappeared when the deeply imbedded stitch was cut. The temperature rose to 100.2° at the end of the first 24 hours, after which it remained under 100°. The pain after the removal of the pressure of the bottom stitches, amounted practically to nothing, according to the patient's own statements, and it will be remembered that she had the experience of a former operation for comparison. I believe that this is the first case where acetate of alumina has been used in this city, in a Listerian operation, and its success disposes of the absurd statement that carbolic acid is Listerism.

Carcinoma of Stomach.

Presented by Dr. J. H. Musser.

The clinical aspects of this case were so definite, that when this man applied at the

medical dispensary of the Hospital of the University of Pennsylvania for treatment, early in April, of this year, it was without difficulty that malignant disease was diagnosed.

He was a farmer, of good habits, 58 years old, and previously in good health. For the last six months he had suffered from "weakness of the stomach" and general debility, which prevented him from working. He had lost much flesh, and had constantly a severe sickening pain in the epigastrium, extending to the upper part of the lumbar region, which became much worse within an hour after eating; appetite was poor, tongue clean and pale, bowels constipated, with troublesome flatulence. A tender, non-pulsatile, movable tumor, extended across the epigastrium, from the margin of the ribs on one side, to a similar site on the other, one inch and a half above the umbilicus. He presented an anæmic, cachectic appearance.

Dr. H. Plank, of Morgantown, took charge of the case, and wrote me, April 21, 1882, that he was much benefited by the treatment instituted, but was confined to bed, from sheer exhaustion. June 5, the doctor reported increased weakness, and emaciation, and that the pain had extended along the left side to the same shoulder. He took but little nourishment, and he commenced vomiting (June 10,) undigested food, mucous, grumous, purulent matter. He died June 20, of exhaustion, after a nine months' illness.

Dr. Plank kindly sent me the specimen I here present. One fourth of the pyloric end of the stomach is involved in the growth, which extends along the greater curvature for four inches, along the lesser two inches, and completely encircles the organ. The stomach walls in front of the disease were dilated, the muscular coat being hypertrophied, and the mucous membrane congested. The mass encroached upon the calibre of the viscus so as almost to occlude it. The tumor consisted of three nodules, one of which was ulcerated on its mucous surface, and presented the appearance of a scirrhous. The glands in the lesser omentum were diseased.

Spindle-celled Sarcoma of Thigh.

Presented by Dr. J. Henry C. Simes.

The patient from whom this specimen was removed presented himself for admission to the Episcopal Hospital on Aug. 30, '82. He is 60 years old, an Irishman, and gave the following history: Two years ago he first noticed, at the lower and outer part of the thigh, a small swelling, which grew rapidly to the size of a hen's egg, when it was removed. Shortly after the wound had healed a second tumor was noticed in the cicatrix, having the same character as the previously removed growth. This was also removed by operation, and again, in a still shorter interval, a third similar growth was developed in the same locality, which was also removed by the knife. When admitted to my wards there was found, upon examination, at the lower and outer part of the thigh, a linear cicatrix about two inches long, beneath and adherent to which, as well as to the

surrounding integument, was seen a tumor as large as a walnut, movable upon the deeper tissues, painless, dense, and irregularly nodular. There was no glandular enlargement observable. No other tumors were present. The tumor was

readily removed, being adherent only to the overlying skin, which was included in the incisions. Microscopic examination showed that the neoplasm consisted entirely of large, spindle-shaped cells, which contained large, oval nuclei.

EDITORIAL DEPARTMENT.

Pain at the Heart and Palpitation.

Dr. J. Burney Yeo publishes a very valuable lecture in the *Lancet*, on this subject. There are few symptoms that we are more frequently called upon to relieve than pain at the heart and palpitation, and in nine cases out of ten these symptoms are referable to dyspeptic conditions or to hysterical states. Pain anywhere in the left side of the chest, and often pain in the epigastric region, are commonly spoken of by the sufferer as "pain at the heart." While this pain may have nothing whatever to do with the heart, yet I have been somewhat surprised, while carrying out the method of exploration about to be described, to find in how many of these cases, where "pain at the heart" has been complained of, there has been quite unmistakable tenderness on pressure with the tip of the finger over the seat of the apex beat. The following different causes of thoracic pain may be incorrectly referred to the heart: Intercostal rheumatism, intercostal neuralgia, costal periostitis, of syphilitic origin, pleuritis, pain and discomfort attending flatulent distention of stomach. Under this last head I would mention one of the effects of abuse of tea, coffee and tobacco. Either of these, but especially tea, will frequently give rise to a form of dyspepsia, associated with vague pains in the chest, not always limited to the region of the stomach, but often referred to a spot higher up on the left side of the chest, and commonly accompanied with disturbed cardiac action and a nervous apprehension of the existence of heart disease. Finally, there is a pain usually spoken of as "sub-mammary," which you will often hear complained of by young women who are anæmic, or who suffer from menstrual derangement. It is frequently associated with tenderness on pressure over the ovaries, especially the left one. These several varieties of pain can be recognized by looking for the well known characteristic signs of each.

Dr. Péter considers the following method of examination of equal importance with that of auscultation or percussion. You must bear in mind that the cardiac muscle in the healthy state is insensible. (The method I am speaking of consists in simply pressing with the tip of the index finger, and with moderate force, along the intercostal spaces corresponding with the præcordial and præ-aortic regions, and generally on the several points in the thoracic and cervical regions which are in relation with the organs whose sensibility we wish to explore.) Patients who suffer from chronic myocarditis often complain of a dull, heavy, almost constant, deep-

seated pain in the region of the heart, aggravated at times under the influence of emotion or any considerable effort, and shooting then into the back. In such cases pressure with the tip of the finger along the intercostal spaces in the præcordial region, close to the sternum and over the ventricle, will constantly afford distinct evidence of the existence of a morbid sensibility of the cardiac muscle. The patient will often complain of severe pain when pressure is made over certain definite spots. In these cases the pain is especially felt in the fourth and fifth left interspaces when the surface of the ventricle is in contact with the wall of the chest, and also over the cardiac apex. And pressure over the apex will remain painful even after the pain has disappeared, under suitable treatment, from the other points.

Dr. Péter has noticed that in middle-aged men who suffer from the excessive abuse of tobacco, pressure over a very limited point on the third left intercostal space, near the sternum, will give rise to acute pain; and he thinks this point corresponds with the auriculo-ventricular groove, and that this strictly localized pain is probably due to a morbid condition of the ganglion of Remak, consequent on tobacco impregnation.

Pressure over the præ-aortic region is also of special importance in exploring the sensibility of the cardiac plexus and its tributary nerves; but it is necessary to be careful not to press too strongly over this region, as an attack of angina has been induced by neglecting this precaution.

Dr. Péter mentions that pain in this situation is very significant of lesion of the aorta affecting the whole thickness of its walls. In such cases Dr. Péter has found, and I believe, been able in several cases to corroborate his statement to a certain extent, that there is tenderness on pressure over the pneumogastric, at the root of the neck, especially on the left side, and in other parts of its course.

Now, there is one clinical fact you may accept undoubtedly, and that is, that complaint of cardiac pain is much less common in mitral than in aortic disease.

Several illustrative cases were exhibited.

Successful Transfusion of Blood.

In the *British Medical Journal*, Dr. William Walter relates the following case:—

On June 8th, 1881, Mr. Saberton, of Ardwick, was sent for to attend a patient, aged twenty-two, in her second confinement. On reaching

the house, he discovered that the child had been born and the placenta expelled at least ten minutes previously, and that the labor had not extended over more than a couple of hours. The condition of the patient was most critical; she lay in a pool of blood, her face deadly pale, and the pulse scarcely to be felt. Her abdomen was distended with an enlarged uterus, that reached almost to the ensiform cartilage. Not a moment was lost in firmly grasping the fundus uteri, and in resorting to the ordinary means of checking hemorrhage, including the free administration of ergot; but no contraction ensued until the hand had been introduced into the interior of the uterus, and the clots which filled the uterus thoroughly removed; and these, when lifted into the chamber-utensil containing the placenta, completely filled that vessel. The uterine contraction was soon followed by dilatation, with a return of the hemorrhage; and for an hour contractions and dilatations followed one another at short intervals, with repeated recurrence of hemorrhage. During this time, pressure over the fundus was maintained, and occasionally the hand was reinserted into the cavity of the uterus and the organ manipulated bimanually.

In the course of another half hour, the hemorrhage ceased, and the uterus remained firmly contracted. Notwithstanding this, the patient showed no signs of coming out of her collapsed condition; and it was evident that, if it were possible to save her life, it could only be by transfusion of blood. For this purpose I was sent for, and reached the house two hours after the labor, and half an hour after the arrest of the hemorrhage.

I found the patient lying still and unconscious; her face and lips were blanched; her eyes had assumed that dull and lifeless appearance which only death, or its near approach, can produce. Respiration was scarcely perceptible, and the pulse could only at intervals be felt; her extremities were cold and clammy, but the uterus was firmly contracted. It is needless to say I had no hesitation in concurring with the opinion already expressed as to the necessity for transfusion, and placed in readiness Dr. Macdonnell's transfusion apparatus. The husband of the patient cheerfully consented to supply the necessary blood, but her mother begged that she might be the donor; and to this request we acceded, as the condition of her health was extremely good. The mother's age was forty-two; and it is worthy of record that her next menstrual period, which should have occurred two days later, did not on that occasion appear.

While Mr. Gwatkin and I were performing venesection on the mother in an adjoining room, and before we had time to collect more than four ounces of blood, Mr. Saberton acquainted us that the patient was apparently lifeless. Accordingly, Mr. Gwatkin took charge of the defibrination, and I hurried back to the patient's bedroom to prepare her arm for the reception of the blood. The difficulty one had to contend with in finding a vein was very great, but at last one came into view; and, the skin over it being divided by transfexion at right angles to the course of the vessel, a probe was readily passed underneath the vein, so as to isolate it from the

surrounding tissues. A small opening was now made in its walls, and the silver nozzle of the tube was introduced a short distance into its interior. The blood was not allowed to flow along the tube until it appeared at the opening in the side of the nozzle, whereby one knew that no air existed in the tube. The nozzle was then introduced further into the vein until the opening in its side was completely hidden from view; and the patient's arm, together with the apparatus, were elevated, in the hope that the blood would then be forced along by gravitation; but such was not the case, and it was necessary to aid in its propulsion by repeatedly compressing the dilated portion of the tube.

In from ten to twelve minutes all the blood (nearly four ounces) was injected, and the patient's arm being bound up, we anxiously watched the results of the transfusion. Almost immediately, respiration became distinctly visible and audible, without the occurrence of any dyspnoea; the pulse at the same time returned to the wrist; and, in the course of a quarter of an hour, the insensibility gave way to consciousness, and she was able to recognize her friends. Her convalescence was steady and uncomplicated; and within a month she was able to walk out of doors.

In conclusion, I may remark how generally it happens that, in the cases of *post-partum* hemorrhage which would be most benefited by transfusion of blood, a transfusion apparatus is not procurable until too late to be of service to the patient; and I cannot too strongly recommend a glass pipette, with tube, should be constantly carried in the obstetric bag, for sudden emergencies.

Troublesome Labors.

Dr. W. Howard Cory reports the following cases in the *British Medical Journal*. They will carry comfort to others who may have similar trying experiences:—

CASE 1.—On July 1st I was called in to attend a Mrs. P. in her first confinement. I found the patient reclining on the bed in great agony. The os uteri was fully dilated; and I was much puzzled at feeling, instead of a foetal head, a large, soft, fluctuating mass. Being anxious about the case, I sent for my partner (Mr. Orford of West Town), who, after making an examination, came to the conclusion that some portion of the child's back was presenting, and recommended turning. I therefore administered chloroform; and, after about one hour's manipulation, my partner succeeded in extracting, with some difficulty, a male child (dead), with a hydrocephalic head. In this case the presentation was natural; but the state of the head caused the deception. The mother in this case made a rapid recovery.

CASE 2.—On July 30th I was sent for to attend a Mrs. B. in her second confinement (her first child having been born six years previously). The nature of the case necessitated the use of forceps; but it was only after using considerable force that I was enabled to bring the head of the child into the world, and I awaited the natural expulsive powers of the uterus to com-

plete the delivery. I was surprised, however, to find that, notwithstanding the sharp pains the woman continued to experience, the body of the child still remained firmly fixed. As several minutes had elapsed since the birth of the head, and believing that the child would be sacrificed, I placed my hands on each side of the head (I was quite unable to hook my fingers under the shoulders), and, after using some force, succeeded in completing the delivery. The child, when born scarcely showed any signs of life, but was quickly restored by a little shaking. The woman, with the exception of a lacerated perineum, is doing well. In this case the child was a very large one.

CASE 3.—I was called a few days ago to visit Mrs. W., aged 26, a primipara. The midwife who attended had not been able to manage the case. On making a vaginal examination, I found the head resting on the perineum. Thinking to expedite delivery, I put on the forceps; but, to my surprise, found, on making traction, that the head appeared to slip from between the blades, which were withdrawn on several occasions without success. After some perseverance, however, I managed to get the blades fixed; and with some trouble delivered a child with a very elongated head, from before back, much flattened from side to side, and with a tendency to hydrocephalus. The mother and child are doing well. In this case the head of the child was particularly narrow across the parietal region, while it was much swollen over the frontal and occipital regions; and it was owing to the blades being placed over the former position that the head slipped away whenever I made traction.

CASE 4.—Mrs. H., aged 32, was seen by me on August 13th. The patient had been confined twice previously, of still-born children. The labor, although very severe, was natural; but, as the woman was becoming worn out with pain, I applied the forceps, and extracted what appeared to be a dead child. Much to the amusement of the nurse (who appeared to think it absurd on my part to do so), I endeavored to restore animation in the child, by Sylvester's method. I was rewarded, in about half an hour, with complete success. At the present time, the mother and child appear to be doing well.

Sub-luxation of Fourth Cervical Vertebra—Recovery.

Mr. Barwell reports the following case in the *British Medical Journal* :—

M. C. C., aged 63, was brought to the hospital on June 6th, 1882, by policemen. It was stated that, in a fit of despondency, the man had fastened a rope to some firm object in his room, had tied the other end round his neck, and thrown himself from the window; the fall was eleven or twelve feet. He was seen to fall, and was immediately released.

Mr. Pittard, house surgeon to the hospital, found him quite unconscious, breathing with some difficulty, and very slowly. The limbs were perfectly flaccid; no sign of sensation, no reflex action, could be produced by pinching them. The only external wound was a broad

but slight abrasion, extending from behind the angle of the jaw to the middle line, about the region of the cricoid cartilage. On examination behind, Mr. Pittard found evident displacement of parts. He at once sent for the surgeon, who shortly afterwards arrived.

Mr. Barwell found the man lying perfectly still, but the limbs were not entirely flaccid; they did not, at the time of his examination, when raised, fall quite inert on the bed. Also, when the man's hand was lifted, his elbow supported by the mattress, and he was told loudly in his ear to keep it so, there was an evident effort to obey, although it sank slowly down. The pupils were contracted, but moved slightly to light. The breathing was between 17 and 20 per minute, the pulse was 24. The state, therefore, had evidently improved in the three-quarters of an hour since his admission.

On tracing the line of the cervical vertebrae upward, the seventh, sixth, and fifth were in their normal place, but then there was a sudden gap. Indeed, the fifth could be felt unusually distinctly, the fourth and third not at all, the upper part of the cervical spine being in a line much more anterior than the lower part; while the parts covering it were very soft and yielded easily to pressure forward. Nevertheless, since the breathing was normal, or nearly so, and since the man's condition was improving, Mr. Barwell would not undertake any attempt at reducing the displacement, but ordered him to have only a very low pillow, to which the head was to be secured by bandages.

June 7th. The man passed a quiet night, but it was impossible to say whether he really slept, or remained simply semi-conscious. The temperature was 101.5°. At this date, he complained of pain at the back of the neck, but not very much; he was greatly troubled by a pain round the lower ribs, what he called "an iron hoop round him."

June 8th. There was no material change: the sense of constriction at the lower part of the thorax continued, but was less severe. The upper part of the neck behind was less yielding.

June 9th. The cord-like feel was now slight; the neck seemed assuming a more normal position.

June 11th. There had been no further evidence of spinal injury.

June 13th. The cervical vertebrae had very nearly resumed their normal position, being no doubt, as Mr. Barwell explained, slowly reduced by the elasticity of the intervertebral fibro-cartilage.

June 16th. The man was virtually well, and the neck normal in shape. He was kept in the hospital a few days beyond the above date, as it was thought better not to risk the effect of his being brought before the magistrate; but he was quite well, and had sustained no permanent injury.

Surgical Accidents in the Insane.

Dr. N. Schüle, of the Institution for the Insane, of Illenau, gives a history of surgical accidents as they happened among the insane who came under his charge. The *Deutsche Medizin*

Zeit. (August 3d, 1882) mentions a few of the more interesting cases as they are published in the *Allg. Zeitsch. f. Psych.*, xxxix, 1. Schüle reports only such cases where the insane inflicted purposely the injury on themselves, and omits all cases which ended fatally; he reports, therefore, cases of a quasi monomania for self-infliction of surgical injuries.

Depilation in consequence of automatic actions in anæsthetic idiots or induced by hallucinations. One patient tore out the hairs of his beard singly, in the supposition that he would become an angel and receive for each hair a feather.

Then cephal hæmatoms, in consequence of hitting the head. Not rarely, nails, broken pieces of glass, and needles were pushed under the scalp. One melancholic insane drove a nail through his temples. Others tore out the eyelashes, or rubbed sand into the conjunctivæ. In consequence of continuously rubbing his eyes with his arm sleeves, one insane was attacked by double-sided iritis, cataract, and at last, perfect blindness. Another pushed some long, sharp-pointed pieces of wood into his ear passages, till otitis interna, and at last deafness, set in. In one case an insane, while under hallucinations, cut his tongue off totally, at the root, with an extremely dull pocket-knife, the edge of which was broken all over. The enormous defect gradually healed by granulations, which pushed themselves so far forward that at last the speech became intelligible again.

Very rich is the chapter on swallowing of all kinds of substances. One patient tore a living toad into pieces with his teeth and swallowed it. Glass was swallowed often, and without any damage. The passages in one such case looked as if they were covered with trachyta.

One chronic maniac tore, during one night, several yards of a thick woolen carpet off, and swallowed the same *in continuo*. A coprostasis was the consequence, and with the aid of fingers and a long forceps the corpus delicti appeared, gradually unrolling itself, like a huge ribbon.

In another case the 2-3 cm. thick and 15 cm. long handle of a spoon was swallowed. Some months later some small pieces of the same, thickly covered with blood, made their appearance in the fecal discharges. The hemorrhage was great, and accompanied by severe colicky pains. About a year and a half later the rest of the handle was extracted from the bottom of a large abscess in the ileo-cæcal region. The wound healed without leaving a fistula. It must be remarked, that the gravest injuries of such character generally healed far more favorably than would have been the case in healthy persons, had they met with similar accidents.

The nipples of the breast were frequently tied off by female insanes. Very often injuries are inflicted on the genital organs and the anus.

One patient extirpated his testicle, having lost the other in a battle. Others again amputated the penis. One female idiot has pushed a comb so far and with such force into the vagina, that its teeth penetrated the rectum and the mucous membrane of the same. Most of the injuries were committed during the night, and

mostly with instruments of which nobody would have had any idea that they ever could be made use of for such purposes.

A Rare Form of Senile Gangrene.

Dr. Joseph Bell thus writes, in the *Edinburgh Medical Journal*: W. H., aged 75, a very healthy, temperate, contented old man, of spare habit and fairly healthy arteries, was sent into hospital, under my care, by Dr. Bentley, of Kirkliston, on 17th January, 1882. The second toe of his right foot was black and evidently dead. He said that a few days before admission he had met with an accident, the iron plate of a retort having fallen on his foot. The whole foot was red and swollen; not much pain, and no constitutional disturbance. On 24th January the dead toe was nipped off with scissors, no blood being lost; the tendons alone required division. The bones were noticed to be curiously macerated, as if they had lain long in water. In another fortnight the third toe, which on admission had been alive and healthy, except for a slight redness, also died and was lifted off, the bones being macerated, and this time the tendons also destroyed. The resulting gap left by the removal of these two toes was large but painless, and suppurated freely, with little odor. Up to March 10th all went well, and the wound was nearly healed. The extremities of the second and third metatarsals had separated from their shafts at the epiphyseal junction, and were lifted out with ease.

On March 10th, however, without either pain or elevation of temperature, a dark blush was noticed all over the great toe, which had hitherto looked healthy, and half way up its metatarsal bone. The circulation in this area was exceedingly sluggish, the finger leaving a white dimple on pressure, which took several seconds to refill with blood. After two or three days of doubt a bulla was noticed to form just on the dorsum of the metatarso-phalangeal joint. This bulla rapidly raised the cuticle to the size of a florin, and, being cautiously cut into, showed the true skin, not, as is usual in such cases, either shriveled up or sloughing, but as if it had melted into a shreddy, pulaceous mass, and this involved not only skin, but cellular tissue, ligaments and periosteum, for by March 20th, without any displacement of parts, suppuration, or odor, the proximal phalanx and metatarsal head were both exposed, as if thoroughly macerated, and lay loose in this pulaceous mass. The edges of the ulcer or cavity were everted and undermined, as if by a gumma, were of a pinky redness, but exhibited no granulations or any attempt at repair. Having watched many cases of senile gangrene to death or recovery, and having had two or three cases of gangrene from embolism also, for months, under careful observation, I am quite familiar with the usual processes of separation, whether moist or dry; but I have never seen or read of any case in the least resembling this one, whether in its rapidity of maceration of tissue, its curious cessations or intermissions, its freedom from pain, and apparently trifling effect on the constitution.

The treatment was purely expectant, no interference that could be avoided, absolute rest in bed, milk diet, which was well borne, and locally

keeping the limb at an equable temperature by cotton wadding (carbolized) and marine lint, to sop up discharges.

The result has been remarkable. To-day, 30th June, the apparently dead and macerating heads of metatarsal and first phalanx have recovered themselves, granulations have formed, and now the wound has closed, with the exception of a line of granulations about a quarter of an inch long and one-sixth of an inch broad, under which can be felt a thin scale of carious bone. The old man is quite well, and goes home in a few days.

Syphilitic Re-infection of Husband and Wife.

The London *Medical Record* says that Dr. C. Pellizzari, of Florence, reports the following case (*Lo Sperimentale*, March, 1882). About the middle of December, 1880, a healthy-looking married man, about fifty years of age, consulted Dr. Pellizzari for phimosis, with discharge from beneath the prepuce, and enlarged inguinal glands, which had followed a suspicious intercourse some days before. Induration of the corona subsequently became well-marked, and in due course a macular syphilide appeared, having been preceded by osteocopic pains. The man, on being told that he was suffering from syphilis, remarked that he had suffered from venereal sores ten years before, and had also at that time infected his wife, who, a few months afterwards, during pregnancy, had suffered from general debility, headache, and moist papules of the genital organs. Her child also showed signs of syphilis soon after its birth. Further and positive evidence of the wife's infection was obtained from Professor P. Pellizzari, who had attended her in 1873, for syphilitic perforation of the septum nasi. On February 2d, 1881, she was examined by the author, and found to have an indurated sore of the fourchette and enlarged inguinal glands; a month later a maculo-papular syphilide appeared. The two attacks of syphilis in the case of the wife are thus clearly proved; but as regards the husband, the evidence of the former attack appears to rest on the fact stated by the man himself, that he had ten years previously contracted venereal sores after suspicious intercourse, and on the proof of subsequent syphilis in the wife and child. The husband appears to have suffered so slightly on that occasion, that he did not think it necessary to obtain medical advice. In connection with this it may be mentioned that, in the later attack, when he was under the author's observation, the general symptoms were mild in degree; while the wife suffered severely from recurrent eruptions, nodes, etc., although she had been almost continuously under treatment during the preceding ten years.

An Attempt at the Operative Treatment of Ozena Fetida Simplex.

The Edinburgh *Medical Journal*, quoting from R. Volkmann, in *Centralb. für Chir.*, says:

During the past year I have attempted, in two cases of ozena fetida simplex affecting young girls, to procure a better ventilation of the nasal cavity by removing the whole of the inferior and

the greater part of the middle turbinate bones; and in both instances a distinct success was the result of the treatment. The penetrating fetor, the symptom which, above all, induced the patients to seek surgical aid, disappeared under the use of disinfectant and astringent injections, although these had been used previously to the operation for months, and years, without any effect. The patients afforded examples of what I have often observed in cases of ozena fetida simplex, viz., the nose congenitally narrow, accessible only to the smallest instruments, the passage of which was the signal for hemorrhage; the vomer bent, and the turbinate bones on one or other side almost completely obstructing the passage. In the one case there was considerable injection and velvety swelling of the mucous membrane, with much discharge. In the other there was present the cicatricial shriveling, with formation of horny crusts, to which so much attention has been lately directed. I am far from asserting, or even daring to hope, that in this extirpation of the turbinate bones we have found a sovereign remedy for ozena. As to the best method of performing the operation I cannot yet speak with certainty. At the present time I would recommend the following plan: A strongly concave gouge of the largest available size is introduced into the nostril and pressed backward twice or thrice, in the direction of the middle meatus, i. e., pretty nearly parallel with the horizontal plate of the hard palate. As the gouge is pressed backward, its cutting edge should be made to act first inward and then downward. The semi-detached fragments of bone must now be removed with polypus forceps or other suitable instruments. If bleeding be severe the meatus may be plugged.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The Disease of the Scythians" is a study on an interesting and little known subject, by Dr. William A. Hammond. It was reported by the Greek writers that the Scythians, owing to being so much on horseback, diminished and sometimes completely lost their virile powers. The same condition was noted by Dr. Hammond among some Indian tribes of the far West, although there it seems to have been at times artificially fostered, for ceremonial purposes. The subject is one still quite obscure, and merits further investigation.

—The treatment of procidentia of the uterus has generally been unsatisfactory. In a reprint from the *Trans. of the Med. Society of Penn.*, Dr. E. E. Montgomery describes a case completely restored by an operation which is a modification of that recommended by Le Fort, and appears to have positive advantages over any hitherto employed.

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A MEDITATION ON MEDICAL COLLEGES.

Just how many medical colleges there are in the United States, we do not know, not having counted the announcements of new ones for several weeks. Of one thing we are certain—considering the kind of colleges they are, for the most part, there are too many of them.

A medical college, to do any real good, must have a number of extrinsic advantages. It requires a city of considerable size, from which to draw sufficiently varied clinical material; it must be in a locality where able men can obtain a good living from their practice, as otherwise they will not come to it as teachers; its organization must not be under the control of one man, nor must financial success be necessary to its existence. This last touches the white. It means that the corporation must be with ample resources to begin with. There ought to be a law in every State prohibiting the establishment of any medical college unless the incorporators could show \$100,000.00 paid up capital and an agreement to fund all profits for ten years!

A poor man is generally despised, whether he deserves it or not, but a poor medical college always deserves it. No professional men have a right to band together to set on its legs an impetuous institution. The history of all such enterprises is a long list of jealousies and backbiting, degrading competition for students, wretchedly superficial instruction, deficient anatomical and clinical material, servility in lecturing, a sham of an examination, and a lot of grossly incompetent young men turned out to prey on the community as doctors.

If by accident an honest man is on the faculty and exposes this miserable history, then comes a scene of slander and recrimination, which stains the whole profession with its inkiness.

A lamentable example of the kind has been recently shown by the Columbus (Ohio) Medical College. It graduated a man after *three weeks* attending at lectures, and in the face of the remonstrance of at least one member of the faculty. The matter leaked out through the latter, and a vile anonymous attack upon him was made by another member of the faculty, in the columns of a *Sunday paper*, written at his request, it appears, by some attorney of the size for that sort of work.

This happened at the Columbus Medical College. But it is a great mistake to suppose that that college is particularly to blame in this matter. It has been called a "disreputable establishment," but it is not a whit more disreputable than a dozen other colleges, East and West, that could be named. It did what almost all poor colleges, scrambling for a foothold, must do. It is easy enough, said Becky Sharpe, for a woman to be virtuous on five thousand a year; and the intimation she meant to convey, that it was a very different matter on nothing a year, is just as true, and a good deal more so, of a college. Such colleges cannot afford to repel matriculants by getting the reputation of being severe. Then there are always in this country a large body of men who are poor and ill-educated, and yet who want the degree of M.D. These are always on the look-out where they can obtain it at the least expenditure of time, brains, and

money. These are the bawds who are always tempting the poor young colleges to the prostitution of their honor; and their poverty, if not their will, consents only too readily.

If there is any suggestion by which the establishment of new colleges could be checked, it would be a blessing to have it known and applied. If there is anything in the resources of intellectual toxicology by which we could speedily get rid of a dozen or two of those now living, we should hail it as a boon, and administer it right speedily.

ONE OF THE CAUSES OF SUDDEN DEATH.

For a long time already clinicians have been bothered to see persons die suddenly, either under the symptoms of embolism or heart-thrombosis, or under the symptoms of apoplexy. But when the post-mortem examination was made, to show the embolus or thrombus on one side or the hemorrhagic effusion on the other, no such things were found. Later observations demonstrated the fact, that the only morbid lesion found under such circumstances, was the ossification either of the coronary arteries, or of the cerebral vessels. This, however, seemed not sufficient to account for the sudden death.

Cohnheim, in his new edition of his celebrated lectures on general pathology (Leipzig, 2d edition, Hirschwald, Berlin, Aug. 1882), gives us, at last, an explanation of this fact. He tied the coronary arteries, and found, to his surprise, that without giving rise to any prodromic symptoms of debility of the heart, the organ came abruptly and suddenly to a stand-still during diastole.

We can see now how a gradually progressing sclerosis of the coronary arteries, for instance, will suddenly occlude these vessels totally, and cause instantaneous death. Certainly such cases do not happen frequently, as usually the ossification in one artery goes on more rapidly than in the other, and we have then premonitory symptoms of failure of the heart's action; but often enough the morbid process progresses symmetrically, and then we have such a sudden

death. The same explanation holds good for the similar conditions in the vessels of the brain, *i. e.* the large arteries.

TREATMENT OF SEQUELÆ OF FROZEN EXTREMITIES

The Imperial Russian Kankasian Medical Society mentions, in its protocols, 17, 1882, some of the experiments Dr. Lapatin of Tiflis made, while he was attached to the infantry regiment Eriwan, during the Turkish campaign in Asia Minor, 1877-1878. The soldiers had been greatly exposed to the influences of the extremely cold weather. L. noticed frequently, that after milder degrees of frozen extremities, for years, disagreeable pains and a very annoying pricking in the parts made their appearance from time to time, especially during the colder seasons, and on sudden changes of the weather.

He tried, at first, all the remedies usually employed for such a purpose, but without any permanent success, till he found in some old work a long ago obsolete remedy, with the results of which he is very much satisfied. This consists in brushing the parts, preferably with a glass brush, with a mixture consisting of equal parts of dilute nitric acid and aqua menthæ. This is the old Rust's Frozing wash, only that the latter contained aqua cinnamomi instead of aqua menthæ. The parts are brushed over with this, in the beginning once, and later twice daily. After three or four such applications the skin assumes a brown color, becomes dry, and a superficial scab forms, which, when thrown off, leaves a healthy skin. Within one and a half to two weeks the disagreeable sensations, which frequently prevent soldiers from putting their boots on, disappear forever.

We know, from our own experience, however, a far better, quicker and still more reliable remedy, which we have never known to fail, no matter how much the parts may have been inflamed, if only mortification had not set in, and this is copaiba balsam. The same is thickly spread on a piece of linen or muslin, and the affected parts covered with it during the night, and a stocking put over the whole. In daytime

simply some of the balsam is spread over the parts. After one or at most two applications, the redness and all pains cease, and a few more applications do not only remove every residue of it, but they seem to impart a remarkably increased vital resistance to the parts against frostbite, if only common precautions are used. In the several dozen cases that came under our observation, this remedy, so applied, did not fail in a single instance, so that we have long come to consider it a specific in this annoying complaint.

NOTES AND COMMENTS.

A New Antiseptic.

The *British Medical Journal* gives an interesting account of the discovery of the antiseptic properties of turf mould. It seems that some two years ago a man applied to Dr. G. Neuber, assistant to Professor Esmarch, in Kiel, with a laceration of the soft parts, rupture of the wrist joint and fracture of both bones of the fore-arm. It was dressed at the time with a thick coating of mould from the moor on which the man was at work and a rough wooden splint. When seen, ten days later, he appeared in good health, and when this dressing was removed, the wound was found free from suppuration, in some parts already united by first intention, and in others granulating in a satisfactory manner. It was found that the turf acted as a powerful deodorizer of fecal matter. It has been found to so effectually disinfect excretions from horses, that the same bed can be used for two or three months. The turf mould, reduced to a powder, is enclosed in gauze bags, which have been thoroughly washed in carbolic acid solution. The wound is first washed with carbolic acid or chloride of zinc lotion, or powdered with a little iodoform. The bag is then placed over the wound, over which a larger bag is adjusted, and both are retained in place, and an equable pressure kept up by a gauze bandage. The dressing was used by Esmarch in fifty-five cases, among which were seven resections and osteotomies, five amputations, twelve extirpations of tumors, and two herniotomies. The results were most satisfactory. In thirty-one cases there was no fever at all. In only five cases was it necessary to remove the dressings on account of local or general disturbance, and, as a rule, they were left in place for a fortnight. The ad-

vantages claimed for the mould are, that its absorbent power is so great that wounds remain perfectly dry under its use; that it absorbs the products of decomposition, and probably checks their formation; that the pads are very soft and elastic, easily adapting themselves to the surfaces of the limbs and trunk; and that turf mould affords the cheapest known antiseptic, since it costs only about one-ninth as much as the carbolic gauze (Listerian) dressings.

The Inheritance and Hygiene of Bright's Disease.

In the *Practitioner*, Dr. Joseph Kidd relates a remarkable instance of the hereditary nature of Bright's disease. A lady, aged sixty, one of a family of most temperate habits, died in 1860, of Bright's disease. One of her children died from the same disease in 1872, aged thirty four. Another died in 1873, aged thirty; still another in 1880, aged forty-six. In one case the disease was known to have existed for ten years, and in another there were all the symptoms and signs of advanced granular degeneration of the kidneys for seventeen years before death. Another child has had the disease for twelve years, and of her children (grand-children of case No. 1), two out of five have Bright's disease, one for the past ten years, and the other for the past nine years. In all of these cases great attention has been paid to hygiene, and its influence on the course of the disease has been most marked. Several times grave uræmic symptoms would supervene, but under appropriate treatment would pass off. Case two, who died aged forty-six, and who had had the disease for seventeen years, afforded the most striking proofs of the value of hygiene in this disease. During nearly all this time the urine was highly albuminous and contained granular casts; he led an active business life, but endeavored to take care of his health, leaving work every now and then, for long holidays; wore Shetland wool underclothing, and kept up out-door exercise. He was more careful than his brothers, and lived longer with the disease than they did. He often wintered in the South of Europe. In an evil hour he was persuaded to take a voyage to Alexandria in March, contracted dysentery there, and nearly died. Subsequently returning from Cannes, he crossed the Alps on the outside seat of a carriage, caught cold, dropsy of the chest came on, and he died en route. The whole experience of this family goes to prove that hygiene has infinitely more influence in prolonging life with, than has any known drug in curing, Bright's disease of the kidney.

"Catching Cold" from Wettings with Salt Water.

Dr. William H. Pearse writes to the *Medical Press and Circular* that he has been some thirty times around the world, in the latitude south of Capes Good Hope and Horn, in charge of thousands of people, and that he does not remember ever seeing illness caused by drenchings in sea water. He says: "Personally, I became indifferent to being drenched by the great seas breaking over the ship; sometimes I would change clothing, but as a general rule, I would not take that trouble, but remain wet and rewetted. The top of a mighty wave would come on board and drench a crowd of people. I never myself took cold, and this same immunity extended almost as fully to the people.

As illustrating the seemingly slight circumstances on which health and disease depend, I may mention that, having always worn American cotton twill trousers, and being in Madras when the heat was great, I ordered a stock of brown holland trousers, as being cooler. I tried them over and over again, but always suffered in consequence—chills, or diarrhoea, or aching in the limbs. So marked and curious did this seem, that I used to speculate whether or not the linen texture had some special conducting power of the hypothetical vital conservative "energy" of the body! Be that as it may, of the facts of the danger of linen and the safety of cotton I was forced to believe, as I was also of the absolute safety of a wetting from sea water, and of the great danger of a wetting from a mere shower in Bengal or Guiana.

The Abortive Treatment of Gonorrhoea.

Believing that gonorrhoea is due to parasites, Dr. W. Watson Cheyne (in the *Lancet*) contends that the proper method to abort the disease is to destroy the parasites. The materials which he employed with the view of destroying the cause of gonorrhoea were chiefly iodoform and eucalyptus oil, and these he still uses. As injections are apt not to penetrate sufficiently far, and as their effect is only momentary, he combines these substances with cocoa butter, and makes them up in the form of solid rods about 4 in. or 5 in. in length, and about the thickness of a No. 10 catheter. These rods weigh forty grains each, and each contains five grains of iodoform and ten minims of eucalyptus oil. They are dipped into eucalyptus oil, introduced into the urethra, over the orifice of which a pad of boracic lint is applied, and outside this is a large piece of gutta percha tissue, the whole being fastened on by strapping, and retained for four or five

hours, if possible. The cocoa butter soon melts, and a solution of iodoform in eucalyptus oil bathes the mucous membrane for some hours. Another rod may then be inserted, and a suitable injection be employed afterwards. This method is only of use, in his experience, before or during the inflammatory stage, and he employs it at any time till the inflammatory symptoms have disappeared, but generally within the first seven or eight days after the commencement of the discharge.

Incision of the Trigone.

The *Edinburgh Medical Journal* says that Sonnenburg, in *Centralblatt für Chirurgie*, states that this operation has been twice successfully performed in children. It is necessary that the calculus can be felt through the rectum, and that during anaesthesia it can thus be felt and drawn backward. The patient, being slightly narcotized, stands in front of an attendant, resting his head and shoulders in the latter's lap. The operator then introduces his forefinger into the rectum, pushes the peritoneal fold upward (apparently easily felt?), finds and grasps the stone, and draws the latter backward towards the gut. A vertical incision upon the stone is now made as far as the edge of the prostate, and the calculus is pressed through the wound. On the bladder resuming its normal position the incision is found to be very small. The attendant hemorrhage is slight, and the fistula healed in from 17 to 35 days. This method has the advantage of leaving the sphincters, the prostate, and the urethra intact, and seems to resemble the old method of Celsus. It has not yet been tried in the case of adults, and experience only can decide whether the fistulae always heal as well as in the cases cited.

Prognosis in Diabetes.

The *Practitioner*, quoting from *Wiener Med. Woch.*, says that Dr. R. Schmitz, of Neuenahr, as a result of six hundred observations, says the question of prognosis is determined by (1) the earliness of the discovery and treatment of the complaint; (2) the strictness with which the anti-diabetic regimen is observed; (3) the etiological factors; (4) the age of the patient; (5) the degree of immunity the patient enjoys when he chances to use sugar-breeding food. In early cases the prognosis is favorable. Diabetes depending on central nervous lesions or on grave chronic affections is serious; depending on worry, pain and grief, or on over-use of sugary

food, it is less so. Gouty diabetes has the best prognosis of all. After the age of thirty the prognosis grows steadily worse. It is bad if sugar persists on an exclusive diet of fish and flesh. It is decidedly favorable if eggs, salads and mild cheese can be taken without breeding sugar, which only reappears when fruits, starchy roots, starch or cane sugar are taken.

SPECIAL REPORTS.

NO. X.—THERAPEUTIC PROGRESS.

(Continued from page 391).

CARBOLIC ACID FOR NÆVI.

In the *British Medical Journal*, Dr. Yeats reports a case of large venous nœvus on the bridge of the nose in a child, which was cured by injecting, at one sitting, into different parts of the tumor, through one external puncture, five drops of carbolic acid and olive oil, equal parts. Care was taken to make firm pressure round the base of the nœvus while the fluid was injected. The cicatrix that formed was very insignificant.

ANTI-ASTHMATIC MIXTURE.

The *Jour. de Med. et de Chirurg. Prat.* says that M. Huchard, of the Hôpital Tenon, employs the following, especially when the symptoms of bronchial catarrh are added to the attacks of asthma:—

R. Distilled water,	300 parts
Iodide of potassium	
Tincture of lobelia,	
Tinct. polygala, of each,	10 parts
Extract thebaic,	1-10 parts. M.

A tablespoonful to be taken night and morning.

ACONITE IN DYSENTERY.

In the *Indian Medical Gazette*, Dr. Owen reports the result of one hundred and fifty-one cases of acute dysentery treated with aconite. He was induced to look about for another treatment than the conventional one, with ipecac, on account of the nausea which often attends the latter, and which often drives hospital patients, especially, to rebel against a repetition of the dose. Dr. Owen gave the tincture of the British Pharmacopœia, which is of one-sixth the strength of Fleming's tincture. He gave one minim every fifteen minutes, for the first two hours; after that, one minim every hour. This would make thirty minims in twenty-four hours. Dr. Owen feels that his experience in one hundred and fifty-one cases justifies him in speaking quite positively in favor of the treatment. In his paper he gives a very good analysis of his results.

ELECTRICAL TREATMENT OF ANGINA PECTORIS.

The *Practitioner*, quoting from *Aerztl. Intelligenzbl.*, No. 39, 1881, says that Dr. Löwenfeld relates a case of angina pectoris, in which galvanization proved beneficial. The patient, a man aged forty-seven, was subject to attacks of the disease occurring every month or two. These were characterized by excited respiration, oppression, small, frequent pulse, sternal pain radiating to the left arm, and convulsive tremors of the limbs, and lasted about one hour. The heart was normal. The constant current was applied for one minute to each side of the neck, along the course of the pneumogastric. The sense of oppression was immediately relieved. Ten such applications in the course of three weeks were followed by complete freedom from the attacks for more than two years.

OIL OF PEPPERMINT IN ZONA.

Dr. Meredith writes to the *Birmingham Medical Review*, that he has found the oleum menthæ pip. more effective than any other form of anodyne application he has ever tried, in allaying the neuralgic pains so often piteously complained of in cases of herpes zoster. These distressing pains, worse in elderly people, are complained of often when the eruption has disappeared; but painting the affected parts over with oleum menthæ pip. nearly always affords speedy relief. He has painted the oil over the eruption when it was out in a fresh, florid condition, and that with great relief to the patient. The value of this application in pains of neuralgic character deserves to be better known than it is.

ERGOTINE IN TYPHOID.

The *Boston Medical and Surgical Journal* says that the treatment of typhoid fever by the subcutaneous injection of ergotone, as recommended by Dr. Duboné, continues to be noticed in *Le Journal de Médecine et Chirurgie*. The last case described is of a young woman, three to four months pregnant, in whom the treatment was begun on the eleventh day of the disease, when there was much tympanitis, diarrhœa, bronchitis, and dyspnœa, and when continuous delirium had given place to semi-coma. The morning temperature was 104° F. Ten centigrams of ergotone were injected daily for six days. The first injection was followed by a copious general papular eruption, of the size of a millet seed. The temperature fell to 101.5° F., and did not again rise above 103° F. The other symptoms underwent corresponding amelioration, and the temperature became normal on the seventeenth day of the disease.

Four days after the discontinuance of the ergotine the patient aborted, without any unfavorable symptoms. The fact that the abortion in this case took place so long after the omission of the ergotine, and the history of another case in which one and a half to two grams of ergot were administered daily for two weeks to a pregnant woman, without causing miscarriage, seem to confirm the harmlessness of this drug to persons who are pregnant.

CHLOROFORM AND NITRITE OF AMYL.

The Cincinnati *Medical News* says that in a recent communication to the *Medical Record* attention is directed to the use of nitrite of amyl in chloroform narcosis. It is stated in *Holmes' System of Surgery* that "nitrite of amyl has received the highest commendation as a means of combating chloroform narcosis. Its administration being by inhalation of the vapor, it can only be resorted to in some cases. Recoveries have unquestionably followed its use, but whether as a sequence or consequence is not so clear, and further observations are needed. It must be remembered that, although nitrite of amyl is a most effective remedy in one form of cardiac disease, its brilliant service is not due to its action on the heart, but upon the peripheral arterioles, spasm of which it relaxes, and that its action in lowering the blood-pressure is not favorable to its use in chloroform accidents." Experiments show, however, that hypodermic injections of five drops of nitrite of amyl, after complete anesthesia and abolition of reflex action, with suspended respiration and a fluttering heart, are promptly followed by reaction of the pupils of light, resumption of respiration, and improved cardiac action, with ultimate recovery; so that the administration of this agent need not be limited to the inhalation of this vapor, but it may be given hypodermically. Again, although "its brilliant service is not due to its action on the heart," the result is similar, since, by the *vis a fronte* effect produced when the arterioles are relaxed, the cardiac current is drawn into the enlarged vessels, and stasis is prevented. Further, the statement that "its action in lowering the blood-pressure is not favorable to its use in chloroform accidents" does not seem to be borne out by the clinical experience. Dr. James L. Minor, of Rapidan, Va., reports a case in which a patient who had locomotor ataxia passed suddenly from a condition of usual health into collapse. There was a general pallor, with complete unconsciousness, and the arterial beat was imperceptible at the

radial pulse, but faintly recognized at the femoral pulse. Here was evidently a lowering of the blood-pressure similar to that which occurs in chloroform syncope. The ordinary method of inhaling a few drops of nitrite of amyl was tried in vain, and then three minims were injected hypodermically. In a few moments the heart responded, and the pulse was recognized in the radial artery. In about half an hour the effects of the medicine seemed to disappear, when five minims were injected, with the result of producing action more vigorous than before. The patient lasted for nearly twenty-four hours, during which time amyl nitrite was frequently administered. As much as fifteen minims were given at one of the doses, when the "pulse became incompressible." So long as the vital powers were able to respond, the administration of the medicine was followed by a reaction which seemed marvelous.

Cases are also recorded in which impending death is said to have been conclusively averted by nitrite of amyl.

TREATMENT OF EXCESSIVE SWEATING.

In the *Michigan Medical News*, Dr. Currie says that for over thirty years he has used the following prescription, without a single failure, in sweats from whatever cause: Alcohol, Oj, sulphate of quinine, ʒj. Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draught of air in doing it. In one case, a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery, and was drenched with perspiration for a number of days, and his life despaired of. When he saw him he ordered him to be bathed immediately in the above solution, and that this be repeated once in two hours. The third application stopped all perspiration, and convalescence began at once.

POMADE FOR COMEDONES.

The St. Louis *Medical Journal* says that Unna, in *Virchow's Archives*, recommended the following for comedones: Kaolin, 4 parts; glycerine, 8 parts; acetic acid, 2 parts, with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected, in the evening, and if need be during the day. After several days all the comedones can be easily expressed, most of them coming out by washing the parts with pumice-stone soap. He reports uniform success from the use of this method. The rationale is based upon the view that the comedones are not produced by an accu-

mulation of particles of dust or dirt, but by pigmentary matter which is soluble in acids. It is a well known fact that comedones which accompany acne appear not only upon persons exposed to dust or careless of their persons, but also on chlorotic young girls in good circumstances. Besides, the discoloration not only exists on the surface of old comedones, but always descends to the lower parts. The same results as those obtained by the use of the above mixture can be secured by bandaging the affected parts for a long time with vinegar, lemon juice, or dilute hydrochloric acid. The author concludes by saying that the acids act like cosmetics, transforming the black color into a brown or yellow shade, and destroying it gradually altogether. They also produce a quicker desquamation of the horny bed which interrupts the exit of the comedones, and bring to the surface the glandular openings.

FUCHSINE IN BRIGHT'S DISEASE.

The *Canada Medical and Surgical Journal* says that this remedy has been used extensively by Dr. Renzi, of Geneva, given in pill form, .025 gram ($\frac{1}{2}$ grain) twice a day. There was at once a noted diminution of the albumen and dropsy. The urine was colored for some days. No result followed in one case. Similar experience was had by Brochut, of Paris. In every case albumen disappeared rapidly and entirely, the treatment generally lasting from four to six months. Dr. James Sawyer has used it mostly in cases of contracted kidney, with good results and no untoward physiological effect. It colors the mucous membranes of the digestive organs a deep red, and also the plasma of the blood, due to its presence, not to blood change.

SULPHUR IN WHOOPING COUGH.

According to the *Medical Press and Circular*, Dr. Luton recommends, in the treatment of whooping-cough, especially in the convulsive period, the administration of sulphur. Flowers of sulphur, 8 to 15 grains, sugar of milk, 16 grains. In ten powders, one every two hours, carbonate of iron should be given to keep up the strength, ten grains in the day. Coffee renders good service, and a vomitive should be given every two days. Belladonna, which has been considered the most efficacious remedy in this disease, has been given by Trousseau as follows: Ext. belladonna four grains, syrup of poppies and simple syrup, of each one ounce; one to eight teaspoonsful to be given in the twenty-four hours, according to age. Dover's powder associated with

extract of hemlock has been frequently given with the best results in the formula: Dover's powder one grain, extract of hemlock in powder one grain, ginger in powder two grains, and sugar four grains, the whole to be given at bedtime, for a child of two years.

SPIRÆA ULMARIA IN PROSTATIC ENLARGEMENT.

Dr. J. Baugh writes as follows to the *Canada Lancet*:—

The use of this drug in the treatment of senile enlargement of the prostate gland has, in three cases, given me wonderful results. About ten months ago I was called to see T. B., *st.* 68, in the city of London, and found him suffering from retention of urine. I had him put immediately into a hot hip-bath, the hot water coming well over the pubes, and administered a drachm of paregoric and twenty drops of Hoffman's anodyne every thirty minutes. He remained in the bath about fifteen minutes, when hot wet cloths were applied over the bladder. Nearly two hours elapsed before this method of treatment had the desired effect. After the bladder had been evacuated, I found on examination per anum, hypertrophy of the prostate. I then explored the urethra with a No. 10 catheter, found no obstruction, and the instrument glided into the bladder without difficulty. Two weeks subsequently to this attack, I was called again to the same patient. I tried my former method of treatment, but it failed. I also failed to introduce the catheter. Matters were becoming alarming, and I was about to send for professional assistance, when it came from another source, viz., an old woman. She volunteered the information that the patient wanted a dose of Queen of the Meadow (the common name for *Spiræa Ulmaria*) and that if he got it, it would cure him in quick time. She said some could be procured in a few minutes. I asked her to get it. It was brought, an infusion was made and half-a-pint given to the patient, and in fifteen minutes he desired to micturate, and emptied his bladder without difficulty. Since that time the patient has needed no medical or surgical aid to rid him of his old enemy. If he gets on a spree and his old trouble threatens him, he takes Queen of the Meadow tea and rejoices in being saved. In two other cases of this nature in which I used this drug, the results were just as satisfactory. I have tried it on myself in health, and find that it acts as a diuretic and astringent, since it sometimes causes smarting pain as the urine passes along the urethra. Its anti-spasmodic properties are very marked at the sphincter vesicæ, and I think much of its virtue in the affection named results from its power to overcome the contraction of the neck of the bladder arising from irritation in the prostatic region. It is my opinion that, in many cases of retention of urine from prostatic enlargement, the enlargement is not, *per se*, the main obstacle, but rather the spasmodic contraction of the sphincter vesicæ, as the result of a sudden congestion or inflammation of the prostate gland.

QUINIA SULPHATE IN PRURITUS.

Dr. Steele, of Denver (*Lancet and Clinic*), has found quinia sulphate, rubbed up with oil sufficient to hold it together, a specific for pruritus. He uses it in both pruritus ani and vulvæ. The nearer you get to the full strength of the quinine, the more efficacious it will prove.

PEROXIDE OF HYDROGEN IN SURGERY.

From the *Lancet* we note that the powerful germicidal properties of peroxide of hydrogen, the *eau oxygénée* of the French, have led MM. Péan and Baldy to test its practical value as a surgical dressing for extensive wounds and ulcerations of various nature, as an injection into sinuses and cavities, such as the bladder, the nasal cavities, and also in the form of spray, as a substitute for carbolic acid spray in major operations, such as ovariectomy. It was applied by means of compresses covered with an impermeable material, to prevent evaporation. During the dressings a spray of it was employed. The preparation used was absolutely neutral in reaction, and contained four or six times its volume of oxygen; but for the injection of sinuses or closed cavities a weaker solution was employed, containing only one or two times its volume of oxygen. The results obtained from more than a hundred cases have been most satisfactory, in grave as well as in trifling cases. Under the treatment recent wounds made with the bistoury or thermo-cautery, old wounds, even, when covered with gangrenous tissue, complicated with lymphangitis, or erysipelas, rapidly assumed a healthy aspect, granulating freely, with perfectly sweet, creamy pus. Chronic ulcerations rapidly cicatrized, and amputation wounds presented a strong tendency to heal by first intention. The general condition of the patients presented at the same time a marked improvement. The results are stated to have been quite as satisfactory as those obtained with carbolic acid. It has the additional advantage of being free from any toxic property, from any unpleasant odor, and of causing no pain. The results were especially satisfactory in some cases of varicose ulceration of the legs, intra-articular abscesses, ozæna, and purulent cystitis. In some remarks on the occasion of M. Péan's communication to the Académie des Sciences, M. Paul Bert, to whose investigations the French are indebted for most of their knowledge of the subject, pointed out that in the surgical use of this substance its influence was exerted in two ways, first by killing the organisms, and secondly by continually liberating oxygen on the

surface of the wound. He insisted on the care which must be taken to secure its purity, since most commercial specimens contain a considerable quantity of sulphuric acid.

THE ACTION OF QUININE AND SALICYLIC ACIDS ON THE EAR.

The same journal says that in order to ascertain whether the noises in the ears produced by salicylic acid and by quinine are due to a congestion of the labyrinth, Dr. Kirchner has instituted some experiments in the pharmacological laboratory at Würzburg. The noise in the ears is sometimes accompanied by giddiness and deafness, which, usually ceasing when the medicine is discontinued, sometimes persists as a serious malady. Kirchner employed in his experiments rabbits, cats, dogs, and guinea pigs. His conclusions are that both these agents cause hyperæmia of the tympanum, which may go on to hemorrhage, and that the whole of the labyrinth participates in the congestion. It may become so intense that, if it lasts long, it will cause of necessity an alteration in the nerve filaments, and it may lead to exudation. This congestion he regards as produced by a vaso-motor mechanism. In this conclusion, however, another series of observations made by Weber-Liel and Guder does not agree. They observed carefully the symptoms produced in certain healthy individuals by a moderate dose (fifteen grains) of quinine, and noted, during two hours and a half, a gradual fall in the temperature of the external auditory meatus, corresponding to the diminution in the general temperature of the body. No hyperæmia could be detected in the meatus, the membrana tympani, or the handle of the malleus, either during this period or later. On the contrary, in five cases a slight hyperæmia which existed previously was found to disappear. The subjective noises in the ears come on at the end of an hour or an hour and an half, and continue for ten or twelve hours, while the deafness comes on one or two hours later than the tinnitus, and is greatest at the time that the general temperature of the body is lowest. Similar experiments were made with salicylic acid. Four or five grams of salicylic acid caused a diminution in the temperature of the external auditory meatus, which falls in the course of two or three hours to 95°. No indication of congestion could be discovered, and, as in the case of quinine, previous hyperæmia became lessened. Noises in the ear came on later and lasted longer than in the case of quinine. The deafness is very marked, and continued in some instances for several days, and in some cases in which there existed previous ear dis-

eases, the loss of hearing was more prolonged, enduring in one case for nine months. In more than half the cases giddiness comes on a little after the subjective symptoms. Comparing the effects of salicylic acid and quinine, it appears that the former causes a less considerable depression of temperature and a more prolonged diminution in hearing. It is difficult, therefore, to ascribe the aural effects either to congestion or to anæmia, and if these observations are reliable, it would seem to be due to a primary nervous influence.

THE RATIONAL TREATMENT OF TAPEWORM.

Dr. Forbes Dick thus writes to the *British Medical Journal*: Allow me to express my belief that the male shield fern, properly administered, will expel not only the segments but also the head of the tapeworm. With due respect to high authority, I would submit that the adult dose of the Pharmacopœial liquid extract, as an efficient vermicide in cases of tænia, is not, as laid down in the *British Pharmacopœia*, from fifteen to thirty minims; nor, as usually administered to soldiers, one drachm; nor even, as Squire and others allow, eighty or ninety minims, but two drachms. The mode of administration should be as follows: A full mid day meal may be eaten, and a little bread, with tea, at 5 P. M. At 10 or 11 P. M. a binder is to be applied to steady the stomach; and on lying down in bed the following is to be taken. (Neither prolonged fasting nor filling the big bowel with fluid seem to be necessary.)

R. Extracti filicis liq.,	℥ij
Spiritus chloroformi,	℥xxv
Pulveris acaciæ,	gr. xx
Aquæ,	ad ℥ij. M.

In the morning half an ounce of turpentine beaten up with the yolk of an egg should follow. The above large dose of the male shield fern is occasionally vomited, but I have failed to discover any deleterious effect contra-indicating its use. When vomiting happens, which is rare, on the following evening the same quantity should be taken in two doses, at half an hour's interval. The half an ounce of turpentine is more liable, especially in the tropics, to produce irritant symptoms. If active exercise be taken under a tropical sun after this dose, strangury follows, which there indicates the propriety of rest, to limit perspiration and prevent concentration of urine, and the drinking of bland fluids. A vermifugal effect being desired, surely one large dose of a remedy is more certain than several small ones.

CORRESPONDENCE.

Information Wanted in Spirometry.

ED. MED. AND SURG. REPORTER:—

I have been making observations and experiments with various spirometers, for the past three years, and hope to be able to write an article on the use of the instrument.

I wish to embody in the article the views and experiences of as many physicians who have used the instrument as possible, and hence, ask replies to the following questions:—

1st. Have you used a spirometer regularly, and how long a time, or about how many observations have you made with it?

2d. What form or kinds of spirometers have you used, and which do you regard as the best?

3d. What are the sources of error in the instrument, in your opinion?

4th. Have you ever made any systematic experiments as to whether the normal vital capacity can be increased beyond a certain limit, by the forcible and repeated use of the respiratory apparatus?

5th. What, in your opinion, is the value of the spirometer as a means of diagnosis and prognosis, and is this opinion the result of investigations you have made, or do you merely reëcho what you may have found in books on the subject?

6th. Please mention any articles on spirometry you may know of, other than those by Hutchinson, Hammond, or Guttman.

Answers to any one or all of these queries will be duly acknowledged. A. H. HOY, M.D.

914 State st., Racine, Wisconsin.

[Our subscribers will aid in the scientific appreciation of this curative method by attention to the above.—ED. REPORTER.]

Batternut as a Preventive Remedy in Abortion—from Abroad—not New.

ED. MED. AND SURG. REPORTER:—

History repeats itself in medicine; "honor to whom honor is due;" current vol. MEDICAL AND SURG. REPORTER, Dr. Bell Morrelton, in *France Medicale*, has the following:—

R. Ext. hyoscyam.,	℥j
Ext. juglandis cineræ,	℥j
Oil sassafras,	℥ss
Sodii bicarb.,	℥ss
Syr. simp.,	℥vj. M.

Rezin Thompson, M.D., of Nashville, Tenn., read before the Davidson County Medical Society, October 5th, 1853, a paper on the use of ext. hyoscyam. and oil sassafras in some of the misfortunes attendant on pregnancy, from which I make the following extracts:—

"Having ascertained the controlling power which the remedy was capable of exerting over many forms of disease arising from morbid innervation, and looking upon most cases of abortion and premature labor as originating from that cause, I expected it to prove valuable in their treatment, and was not disappointed when I brought it to the test of experience. I have now used it in all cases of this kind in a large practice for twenty-five years, having more call

than usual in the same amount of general practice, my success having given me some notoriety in that line. I recollect of no case of failure where I was called in previous to occurrence of considerable expulsive uterine contraction." He gives the history of a number of cases.

He further says: to sum up the purposes for which I give the remedy. I give it in all cases of threatened abortion, when not caused by accident or severe sickness. I use it for all the nameless pains, aches, and disquietudes, attendant on conception and gestation. I give it to prevent and remove, when present, premature and erratic pains in the latter stage of pregnancy. In fact, in all cases in which I am previously spoken to, I put the patient upon its use a week or more before the expected confinement, for the purpose of removing any excessive nervous excitement of the general system, especially of the os uteri; thus preparing it to yield kindly to uterine contraction; and after delivery, I give it to soothe the excited system, and prevent those spasmodic contractions called after pains.

The following is Dr. Thompson's formula and name, viz:—

COMPOUNDED SYRUP, BUTTERNUT OR ANODYNE
ALTERANT.

R.	Ext. hyoscyam.,	j
	Ext. juglan.,	viij
	Oil sassafras,	ss
	Bicarb. sodii,	ij
	Syrup. simp.,	gal. M.

Sig.—Dose, one tablespoonful, as required to keep bowels soluble.

There is a striking similarity in the two formulæ, enough almost to lead us to think that our French brother had seen Dr. T's formula. Dr. Thompson, long since deceased, was a physician of keen observation and an original thinker. He published a work on fevers in 1856, which also contains articles on several other diseases, giving his peculiar views.

Gallatin, Tenn. T. M. WOODSON, M.D.

Carbolic Acid in Blood Poisoning.

ED. MED. AND SURG. REPORTER:—

In the interest of historical accuracy, I beg leave to call your attention to an inaccuracy of a paragraph that I have seen credited to your valuable journal.

After referring to the use of hypodermic injections of carbolic acid in blood poisoning, it is stated: "Nor was Dr. Déclat its originator; four years ago Dr. N. B. Kennedy, of Texas, used and wrote upon the advantages of these injections, and in April, 1881, he read a paper before the Texas Medical Association, in which he claimed priority of all others in its employment."

In a work now before me, entitled "De la Curation du Charbon, etc.," by Dr. Déclat, published in Paris in 1872, there are full directions given for the hypodermic injection of a solution of phrenic acid, with most interesting histories of cases of malignant pustule and other diseases cured by their means prior to that time, and especially during the siege of Paris.

These results had been communicated to the

Academy of Science in the meeting of October 2, 1871, and are published in the *Comptes Rendus de l'Académie des Sciences*, 1871, 2^{me} semestre, No. 14. J. F. CORRIGAN, M.D.
New York, Sept. 18, 1882.

Stone in the Bladder.

ED. MED. AND SURG. REPORTER:—

I notice in the August number of the REPORTER a new way to detect stone in the bladder, by Dr. James McKenzie Davidson, as quoted from the *Lancet*. The auditory method may be a new one to him, but it is not to me. I received my knowledge of this method in the winter of 1878, while attending the surgical clinics of Prof. E. Andrews, in the Mercy Hospital of Chicago, who advised this method of examination in all obscure cases. C. T. MELSHEIMER, M.D.

Bluffton, Ind.

NEWS AND MISCELLANY.

The Chair of Operative Surgery in Berlin.

After Prof. Volkmann had also declined the chair of surgery in Berlin, for so many years occupied by Prof. Langenbeck, Prof. Bergmann in Würzburg, has been elected, August 1st, A.C., as Professor of Surgery and Director of the Surgical Clinic of the University of Berlin. Bergmann is said to intend to begin his lectures the coming winter.

July 29th, v. Langenbeck said good bye forever to students and colleagues, in the amphitheatre of the surgical clinic. The room was beautifully decorated with flowers and with the finely executed bust of the beloved teacher. This bust will find its permanent place in the amphitheatre. The large room was too small, almost, for the many students, professors, physicians and friends of the celebrated surgeon; the earnest and sad words of Bardelsben and v. Langenbeck were a proof how severe this final separation was felt by the parting professor, as well as by those remaining. The *Deutsche Medizinische Zeit*, Aug. 3, 1882, adds to these remarks; "May the genius of Langenbeck continue to live in these halls, may the work he commenced and his ideas be further carried on in them, for the well being of suffering humanity, and to the glory and honor of medical art and medical science."

A New Grecian Pharmacopœia.

The *Pharmaceutical Journal* learns from a correspondent, that a Commission has just been entrusted by the Government with the task of elaborating a new Greek Pharmacopœia. The first official Greek Pharmacopœia made its appearance in the year 1837. In 1868 this work was reprinted, with an appendix, by Professor Landerer, describing the more recent remedies, and containing an etymological dictionary of names of botanical, zoological, and mineral substances, and a list of antidotes. This work is still in common use throughout Greece, as well as in Asia Minor, and also to some extent in Constantinople; but in Turkey, Dorravault's *l'Officine* is the work usually consulted.

A Good Opening.

The *Medical Times and Gazette* says that a correspondent writing from Puget Sound to the editor of the *Times*, of which place he gives a glowing description, says that professional services are rewarded richly. "I know of one young doctor who had the good luck to cure a grievous case of diphtheria soon after his arrival. He won a reputation instantly, and cleared \$100,000 in eight years' practice."

The Latest Ligature.

The very latest in the wide field of antiseptics are (after the Kangaroo sinews, mentioned in one of our late numbers), carbolized nerves as ligatures. It is said of them, that they excel by their greater smoothness and durability, and that they are in every respect superior to catgut. The sciatic nerve of a calf was used as material. So far, experiments with these new ligatures were made on animals only, not as yet on men.

American Gynecological Association.

The American Gynecological Association held its annual meeting in Boston, Sept. 20, 21, and 22. The next session will commence in Philadelphia, on the third Tuesday in September, 1883.

Items.

—A very interesting and instructive medical congress was held in Seville, last spring.

—One year ago a needle entered the wrist of a young lady in Elmira, and the other day it was removed from the arm of the fellow who is her steady companion.

—Dr. H. L. Getz, of the class of 1874, Jefferson Medical College, has been elected to the chair of Physiology in the College of Physicians and Surgeons, Chicago.

—An imitation glycerine has been put on the French market. It is found to be simply a saturated solution of magnesia sulphate, with sufficient glucose to somewhat disguise the otherwise bitter taste.

—A painter who turned physician was asked why he had quitted his profession. "Because," he replied, "my former business exhibited my mistakes in too glaring a manner; therefore I have now chosen one in which they will be buried."

—The first acknowledged Sanitary Act in the statute-book of Great Britain was, in point of fact, a River Pollution Bill; for in the year 1888 an act was passed, imposing the very high penalty (considering the then value of money) of \$100 upon persons casting animal filth and refuse into rivers.

—The Parisians deal energetically with milk adulterators. A posse of police lately waited the arrival of the morning's milk at Batignolles station, in Paris, and after witnessing from behind a loop-holed wall the interesting process of "watering," pounced upon the delinquents, whom, with their deteriorated wares and a quantity of bicarbonate of lime, they carried off in triumph.

OBITUARY NOTICES.**MEDICAL INSPECTOR B. F. GIBBS.**

Medical Inspector Benjamin F. Gibbs, of the United States Navy, died September 9th, at Trieste. He was born in New Jersey, entered the navy in 1858, as assistant surgeon, was attached to the steamer *Memphis*, of the Brazil squadron, and took part in the Paraguay expedition. In the following year he was detailed to the sloop *John Adams*, of the East India squadron, remaining on that vessel until 1862. In September of that year he joined the West Gulf blockading squadron, and was given charge of the hospital at the Pensacola navy yard. Thence he was attached to the steam-sloop *Ossipee*, of the West Gulf blockading squadron, and Aug. 5, 1864, took part in the battle of Mobile bay. The following year he was on the vessel which chased the rebel ram *Webb* down the Mississippi. During a part of 1865 and 1866 he was attached to the school ship *Sabine*, going thence to the *Ossipee*, of the north Pacific fleet. In 1869 he was detailed to special duty in connection with iron-clads in ordinary at New Orleans. In 1874 he was at the Norfolk navy yard, and during the same year he was appointed fleet surgeon, south Pacific station. Three years later surgeon Gibbs received his commission as medical inspector, the rank he held when he died. His death promotes surgeon Edward S. Bogert and passed assistant surgeon John C. Wise.

DR. HIRAM NOTT.

Dr. Nott, who was at one time a very well known druggist, in New York city, died recently, of Bright's disease. He was 71 years old, and for a quarter of a century was proprietor of the drug store at the corner of Water and Fulton streets, whose business was established as long ago as 1800. He made much money, and 10 years ago retired to enjoy the pleasures of private life. He was exceedingly fond of a good horse, and his teams were well known on the road.

QUERIES AND REPLIES.

Subscriber, Austin, Nev. If any chloric acids are given while using calomel, corrosive sublimate may be formed in the stomach—

A. T. There can be no reaction between calomel and sugar of milk, unless the latter contains impurities.

MARRIAGES.

BROWN-SNYDER.—On September 28th, at the residence of the bride's sister, 419 North Thirty-third street, by Rev. Andrew Longacre, D.D., Dr. C. H. Brown, of Lancaster, Pa., and Miss Flora W. Snyder, of Philadelphia.

CURTIS-BOGERT.—In New York, Thursday, September 28th, at Zion Church, by the Rev. Arthur Brooks, Dr. B. Farquhar Curtis, and Eva Hawks, daughter of Edward C. Bogert.

GREEN-SPOONER.—At the residence of the bride's mother, Hempstead, L. I., Thursday, September 28th, by the Rev. Dr. S. Irenaeus Prime, Charles L. Green, M.D., of Providence, R. I., and Maria S., daughter of the late Alden J. Spooner.

STARR-PARRISH.—On the 16th instant, at St. George's, Wilmore, Kent, England, by Rev. Dr. A. B. Weiden, Louis Starr, M.D., and Mary, daughter of the late Wm. D. Farrish, of Philadelphia.